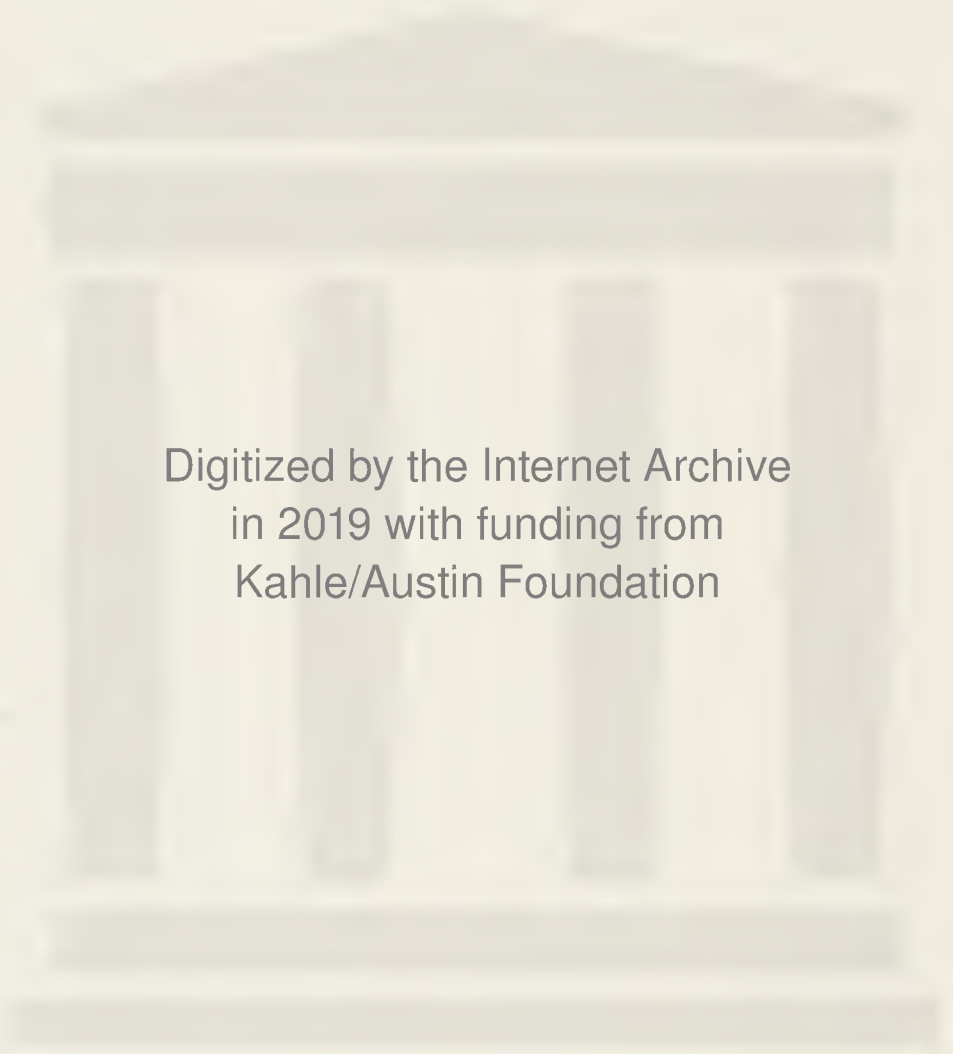




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PSYCHOANALYSIS
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In view of the great importance of the contributions of eminent specialists in psychology which have been published in THE JOURNAL OF ABNORMAL PSYCHOLOGY, and the increasing demand for the same, the publisher has been encouraged to reissue such numbers as are in print, in order that this valuable material may be more accessible to the general reader, under the title of CONTRIBUTIONS TO PSYCHOLOGY.

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THE JOURNAL OF ABNORMAL PSYCHOLOGY

PSYCHOANALYSIS ¹

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TRANSLATED BY MRS. W. G. BEAN, BOSTON

THE work of Dr. Sigmund Freud of Vienna has been the starting-point of a certain method called "Psychoanalysis," which it is proposed to substitute for many conceptions which belong to the older studies of psychology and psychiatry. The partisans of this new school present these studies from a "new point of view"; it is like a revolution in the science of psychology.² I will not attempt here to enter into an exposition of these new studies, which are extremely numerous and varied; they are known to the greater part of the members of this Congress, and will be discussed here by the second speaker on this question, Dr. Jung, who is one of the most brilliant exponents of the Freudian theory.³ I would not pretend to undertake here a complete discussion of psychoanalysis, which includes not only all questions of psychology and psychiatry, but also ambitiously touches upon all the problems of grammar, linguistics, literature, art and religion; I feel myself quite incapable of following to such heights. My purpose is much more modest; I intend simply to investigate certain specific points, pointing out what is characteristic and novel in these studies, to the end that the members of this Congress may discuss them with a clearer understanding and choose between the old psychology and the new.

My own researches give me, perhaps, the right to attempt to establish such a distinction. Dr. Freud in his first works most kindly referred to my investigations in

¹Presented before the Section of Psychiatry, XVII International Congress of Medicine, London, 1913.

²A. Maeder, "*Sur le mouvement psychoanalytique, un point de vue nouveau en psychologie*," *L'Année psychologique*, xviii, 1912.

³A remarkable exposition of these doctrines has just been published in French by MM. E. Régis and A. Hesnard, "*La doctrine de Freud et son école*," *L'Encéphale*, April 10, 1913, p. 356; May 10, 1903, p. 446.

hysteria,¹ and Dr. Jung, in his paper on the theories of hysteria, read before the Congress at Amsterdam, also mentioned my name as among the first investigators of hysteria.² The studies to which these writers referred had nothing revolutionary about them. They attempted to apply psychological analysis, by the old methods of observation and induction, to various pathological symptoms. Since psychoanalysis has been brilliantly applied to the same conditions it is interesting to ascertain wherein the two methods differ; and my object is to throw light on whatever difference there may be between psychoanalysis and psychological analysis. I shall examine these differences in connection with three problems only: (1) The problem of traumatic memories in the neuroses; (2) the rôle these memories play; (3) the sexual character of these memories. This is obviously only one part of an immense and widespread work, but perhaps its study will put in evidence some essential characteristics of the new psychology.

I. TRAUMATIC MEMORIES

Psychoanalysis had its inception it seems to me, and as Freud has himself said, in Charcot's observations on traumatic neuroses and my own investigations in certain hysterical fixed ideas; perhaps I may be permitted to briefly recall these studies in psychological analysis in order to show how psychoanalysis has transformed them.

Among the causes to which alienists and neurologists attribute the pathological symptoms observed in their patients — heredity, environment, education, fatigue, intoxications, etc. — an important place has always been given to certain events in the patient's life which have deeply disturbed his mind. It has long been known that a large number of neuropathic disturbances develop after experiencing some strong emotion, anxiety or grief, which is caused by some specific event. Moreau de Tours, Baillarger and Briquet strongly emphasize the pathological rôle played by

¹S. Freud, *Die Abwehr Neuropsychosen*, 1894, p. 1. J. Breur and S. Freud, "*Studien über Hysterie*," 1895, p. 4.

²K. Jung, *Comptes rendus du Congrès de Psychiatrie*, Amsterdam, 1908, p. 273.

grief and emotion; but the frequency of analogous experiences in the beginning of disturbances of the mind and their importance in the diagnosis of the disease have been determined in a vague way only.

Charcot, in his lectures in 1884-5 on certain disturbances of hysteria, succeeded in putting clearly in evidence the rôle of emotional experiences. In connection with a case of hysterical paralysis unaccountably following an accident he pointed out that the momentary emotion produced by the accident was not the only cause of the succeeding illness, but that the memories, the ideas, the anxieties that the patient conserved *a propos* of the accident also played a part. Many observers, particularly Mœbius, in 1888, Franck and Forel, sustained this theory and held that certain hysterical disturbances were the physical manifestation of conserved ideas and memories.

Since the publication of my first works, from 1886 to 1892, I have had occasion to confirm this conception in numerous cases of paralysis or contracture, resulting from more or less serious physical injuries and from the memories left in the mind by the accident. Then I was led to elaborate this idea by showing that neuropathic disturbances of the same kind may follow simple experiences which are not caused by a physical accident but merely by a moral emotion. The memory of the experience persists in the same way with its train of various sentiments, and it is this memory which, directly or indirectly, determines certain symptoms of the disease.

I had made this observation in a large number of patients, but, as my first book on psychological automatism was of a philosophical rather than a clinical character, I reported only a small number of observations. Among these the following is very characteristic.¹

A girl nineteen years of age suffered, at the time of her monthly period, convulsive and delirious attacks which lasted several days. Menstruation began normally, but a few hours after the commencement of the flow the patient complained of feeling very cold and had a characteristic shivering; menstruation was immediately arrested and

¹*L'Automatisme psychologique*, 1889 pp. 160, 439.

delirium ensued. In the interval of these attacks the patient had paroxysms of terror with the hallucination of blood spreading out before her, and also showed various permanent stigmata, among others anesthesia of the left side of the face with amaurosis of the left eye.

During a careful study of this patient's history, and particularly of the memories she had conserved of various experiences of her life, certain pertinent facts were ascertained. At the age of thirteen years she had attempted to arrest menstruation by plunging into a tub of cold water with resulting shivering and delirium; menstruation was immediately arrested and did not recur for several years; when it did reappear the disturbance I have just cited took place. Later on she had been terrified by seeing an old woman fall on the stairs and deluge the steps with her blood. At another time, when she was about nine years old, she had been obliged to sleep with a child whose face, on the left side, was covered with scabs, and during the whole night she had experienced a feeling of intense disgust and horror.

It is easily verified that these experiences determined attitudes of mind in the patient which correspond exactly to those which are observed in the symptoms she presents to-day. It can be proved that the disturbances developed only after these experiences and the memories they left. At the present time the symptoms can be provoked by recalling the memory of the corresponding experience. By modifying the memory, by various procedures, the disappearance or the modification of the corresponding physiological symptom can be brought about. From these observations comes, naturally enough, the hypothesis that the memory left by these experiences has played and still plays a certain part in causing the hysterical symptoms observed and that it influences the specific form these symptoms take.

This same work on psychological automatism contains several other observations of the same kind.¹ Since then I have been able to verify the same facts in a remarkable case of aboulia,² and particularly in connection with amnesic

¹Cf. "*L'Automatisme psychologique*," pp. 208, 211.

²*Revue philosophique*, March, 1891; *Névroses et idées fixes*, 1898, i, p. 16.

disturbances presented by Mme. D. At the age of thirty-four years, Mme. D. was abruptly thrown into a neuro-pathic state by the sudden news that her husband was dead. I was able to establish the fact that the continuous amnesia, the delirious attacks, and all the other disturbances were connected with the traumatic memory left by this incident.¹ In my previous works these observations were much more numerous and I gave perhaps fifty cases where the traumatic memory was shown to be an essential factor in the disease. In some cases it was a question of anorexia and delirium caused by inanition which was determined by the memory of a seduction and a secret confinement; in others various dysesthesias, in one case particularly a horror of red which was caused by the memory of a funeral where the coffin was covered with red flowers; in some cases there were paraplegias with retraction of the adductors, the "*custodes*," caused by the memory of a seduction, or of intercourse with a husband who had become obnoxious; in other cases there were systematic choreas where the patient reproduced a professional movement because of the persisting thought of the necessity of work.²

I will cite one observation which has a certain interest in this connection.³ A young woman, twenty-five years of age, has had for six years a series of varied disturbances; cutaneous and visceral anesthetics, attacks of meteorism, digestive troubles, contracture of the legs, and severe astasia-abasia which for five years made walking impossible. The patient in hypnosis revealed a sad episode in her early life. She lived alone with her father and when she was eighteen she became his mistress, this relation continuing for one year. Hysterical disturbances occurred soon after. I was able to demonstrate the close relation between all the hysterical symptoms and the memory of this culpable relation with her father and the fear of its consequences; by modifying the fixed idea I was able to suppress all the hysterical disturbances, which sufficiently justified the theory of their origin.

¹*Congrès psychologique de Londres*, August 1, 1892; *Revue générale des Sciences*, May, 1893; *Névroses et idées fixes*, 1898, p. 139.

²*L'Etat mental des hystériques*, first edition, 1893, ii, p. 100 et seq.

³"*Traitement psychologique de l'hystérie*," published in the *Traité de Thérapeutique appliquée*, by A. Robin, 1898, xv, p. 627.

Studies of the same kind were continued in my book on the *Obsessions et la psychasténie*, 1903; they have been confirmed by many writers, and it may be considered as proved that the conserved memory of some particular experience in life may play an important part in the determination of neuropathic disturbances. This is summed up by admitting the *importance of traumatic memory in the neuroses*.

Such investigations, however, have always been presented as hypothetical and partial interpretations of neuropathic and psychopathic disturbances. Traumatic memories seem to play an essential part in a certain number of cases, but it is incontestable that they may have a secondary importance only, or even play no part at all in other cases; I have published a large number of observations of this kind. How can this be possible? It is possible because a neurosis, with its *ensemble* of symptoms, is a very complex thing and many causes contribute to its structure. The conserved memory does not act alone, for it is readily seen that the memory of some long past experience is strongly conserved in some individuals, while in most others it remains insignificant. Whether or not this conserved memory works to the harm of the individual depends upon a certain mental state favorable to its development. I have often attempted to analyse this dangerous and predisposing mental state, or, if you prefer, this *ensemble* of other mental symptoms which must become united with the memory of an experience to render it traumatic; I have attempted to describe it by the definitions, *retraction of the field of consciousness*; *weakness of psychological synthesis*; *lowering of psychological tension*, etc. Any given experience in order to become harmful and leave a traumatic memory must coincide with this state of mental depression; "If, unfortunately, a new and harmful impression is made on the mind at a moment when the power of resistance is low, it takes root in a group of abnormal mental states, is developed and conserved. It makes no difference that the exciting circumstance disappears and that the mind attempts to resume its normal power; the fixed idea, like a poisonous virus, has been implanted in the mind and develops beyond the reach

of voluntary control.¹ In this connection it is easy to draw a comparison between disturbances of the mind and infectious diseases of the body when development of the disease does not depend solely upon the microbe but also upon the soil, that is to say, upon the general state of the organism at the moment of infection.²

Whence comes this psychological exhaustion, this depression which must coincide with the memory to render it traumatic? Here, in my opinion, arises a second question which must not be confused with the first, namely, that of searching for the traumatic memory. In certain cases, but in certain cases only, the depression and the traumatic memory may occur simultaneously and in connection with the same experience. This experience is one that has caused a powerful emotion, and, consequently, fatigue and exhaustion which have lowered the psychological tension; at the same time it has given birth to a specific memory which has become traumatic, owing to the preceding exhaustion; things seem to take place as in the case of Mme. D., and in some of the other cases I have just cited, where the entire neurosis seems to have a precise starting-point in a specific experience. Mme. D. is an unusual case, but even in her case two phenomena must be distinguished, *i. e.*, the memory or fixed idea and the depression produced by exhaustion, for these two phenomena have neither the same mechanism nor the same consequences.

More often the two phenomena are plainly distinct and appear at different times and from different causes. Sometimes, in cases equally interesting, it is possible to attach these two mental modifications to two successive experiences; I have termed this a double emotion.³ Some experience causes the exhausting emotion which lowers the mental level, and soon after another experience implants the fixed idea in the mind; or the reverse of this may occur; the first experience leaves a memory which by itself was not traumatic, but soon after another experience causes a serious depression which permits the first memory to develop in a harmful manner.

¹*L'Automatisme psychologique*, p. 457.

²*L'Etat mental des hystériques*, first edition, ii, p. 183; "*Traitement de l'hystérie*," in the *Traité de Thérapeutique appliquée*, by A. Robin, xv, pp. 156, 160.

³*Obsessions et Psychasténie*, 1903, p. 594.

These latter also are specific cases. Usually the depression is of long standing and has developed gradually, little by little, owing to numerous trivial emotions and repeated fatigues during the course of life, without causing very distinct or clearly remembered experiences. Sometimes the origin of the depression is found in hereditary traits, in certain periods of life, in physical disease, various intoxications, etc. This depression may undoubtedly be very precise, thanks to the traumatic memory superimposed, and take then specific forms that must be clearly recognized; but it must be borne in mind that this depression has individual characteristics, and that it may, even when reduced to itself, manifest itself by numerous symptoms, and that it may constitute an extremely distressing neurosis even in the absence of traumatic memory.

Fixed ideas themselves which may arise in these neuroses are not necessarily the expression of traumatic memories, they may be formed by another mechanism entirely; they may be simply the expression, more or less imaginary and metaphorical, of feelings of incompleteness that the patient experiences because of his depression. Many patients, for example, when the psychological tension is lowered are unable to perform any social action. They feel that their thoughts are confused or arrested and they suffer mental agitation and misery in the presence of such or such a person. It seems to them that this person "steals their thoughts," and they have fixed ideas of scruple, shame, hate and persecution. It does not necessarily mean that there has been a traumatic experience in which this person was concerned; the fixed idea here is only the expression of the depression itself, and should be neither interpreted nor treated in the same way as the fixed idea resulting from a simple traumatic memory.

These observations have, from the beginning of my studies, caused me to take great precautions in the study of and in the search for traumatic memories. The bringing to light of such memories is important for the interpretation and treatment of certain neuroses and every effort must be made to discover them when they exist. But, as it is well understood that traumatic memories may be entirely absent

in other neuroses, which must be interpreted and treated differently, it is equally necessary not to invent them where they do not clearly exist. Consequently it is necessary to collect all the information that the subject can give concerning his thoughts and memories; we must not be discouraged by the patient's volubility nor by the puerility of his revelations, and we must consider carefully what part in his life all the different events which he relates have played. I was speedily convinced that, unfortunately, the most important traumatic memories were not always known to the subject himself, nor clearly expressed when he sought voluntarily to reveal them. It is necessary to seek for even the hidden memories which are conserved in the patient's mind unknown to himself. That these memories exist may be often suspected from his gestures, attitudes, and the tones of his voice; sometimes they may be revealed in special states of consciousness, in hypnosis, by automatic writing and in dreams.¹ The traumatic memories of Marie, the patient who becomes delirious when menstruation is arrested, were chiefly discovered during hysterical attacks and in hypnosis. Mme. D.'s traumatic memories were discovered, at least in the beginning, during her dreams at night.² In all these cases the precaution was taken of keeping a record of the words the subject spoke during the abnormal state without modifying them in any way. Mme. D. was observed during sleep and her words noted as she murmured them; in other cases I have abruptly wakened the subject and noted the words spoken at the moment of waking. These words were not recorded unless they had a precise meaning in themselves and were connected with some known experience. Much care was exercised in seeking to establish a relation between a given memory thus hidden and a given pathological symptom. It required a searching examination to discover if the symptoms coincided with the remembered experience, if there was a similarity between the development of the disease and that of the memory, if the experience and the memory were welded together in such a way that one could not be modified with-

¹*Traitement psychologique de l'hystérie*, loc. cit., p. 191.

²*Congrès de Psychologie de Londres*, 1892; *Névroses et idées fixes*, i, p. 127.

out influencing the other. Only after a large number of verifications of this kind was I disposed to admit in certain special cases, and in certain cases only, the rôle of traumatic memories.

Such was the situation in studies commenced on this question when in the same field came the works of Freud and his numerous followers which apparently were to revolutionize everything. I must confess, with much humility, that in the beginning I did not at all realize the importance of this upheaval, and that I naively considered the first studies of Breuer and Freud as a confirmation of the most interesting of my own studies. "We are happy," said I at that time, "that Breuer and Freud should have recently confirmed our own interpretation, long since advanced, of fixed ideas in hysterics." In fact, these writers showed by well-chosen examples that certain hysterical disturbances were the consequence of traumatic memories and their observations, it gave me pleasure to say, were wholly analogous to mine.

At most, these writers only changed some terms in their psychological descriptions; what I called psychological analysis, they called psychoanalysis; where I used "psychological system," they used "complex" to designate the *ensemble* of psychological phenomena and of movement (it may be of the limbs or of the viscera) which are combined to constitute the traumatic memory; they have given the name "catharsis" to what I designated as a dissociation of fixed ideas, or a moral disinfection. The names were different but all the essential conceptions, even those which were still subject to discussion, such as that of the "psychological system," were accepted without modification. Even to-day, if the adventurous discussions are put aside and only the observations published by the pupils of this school in connection with traumatic memories are examined, descriptions very similar to those I formerly published will be found. In considering these first doctrines and the observations, it is somewhat difficult to understand in what psychoanalysis differs materially from psychological analysis, and where to find "the new point of view" which it has brought to psychiatry.

It is certain, however, that the first studies on traumatic memories must have contained at least a germ of the new tendency since psychoanalysis has proceeded entirely from them. Several writers have attempted to point out that the essential characteristic of psychoanalysis is found in their own method; Jung declares, not without heat, that an attempt has been made to refute Freud's theories without having utilized his method, which is to be as stupid as a man of science who laughs at astronomy without taking the trouble to view the skies through the Galilean telescope. A. Brill,¹ A. Maeder,² E. Jones³ have pointed out to us the essential characteristics of this method and we have also seen it applied in numerous studies. Let us seek to put clearly in evidence the part of this method which pertains to psychoanalysis.

At the first glance the investigator finds himself a bit disappointed for the methods indicated seem to show nothing especially different. The supporters of the Freudian theory insist upon a prolonged examination of the patient which covers many hours at each treatment and extends over years. Very good, but there is nothing particularly original in that; innumerable observers, among whom I must count myself, have sacrificed hours and hours of time, the night as well as the day, to a most exhaustive examination of poor patients in the hope of curing them, without arriving at a successful conclusion concerning their illness. It is better not to insist upon this procedure; as the Misanthrope said as he was listening to the sonnet of Oronte: "*Allez, Monsieur, le temps ne fait rien a l'affaire.*"

Freud insists that much is gained by these repeated consultations, but he cannot pretend that they are original with him. He demonstrates, as many others have done, that it is necessary to be acquainted with the patient's whole life in order to understand the disturbance of which he complains. The psychoses cannot be considered as momentary and local disturbances which can be studied and treated by themselves with no knowledge of the psychological

¹A. Brill, "Freud's Method of Psychoanalysis," W. B. Parker, *Psychotherapy*, 1908, Vol. ii, 4, p. 36.

²A. Maeder, op. cit., *Année psychologique*, 1892.

³E. Jones, "Papers on Psychoanalysis," 1913.

history which has preceded them. In order to be thoroughly acquainted with the patient's past life our old masters insisted that it was necessary to collect information from all sources; that we must compare the knowledge gained from the parents and friends with that given by the patient, and, above all, to know how to listen to the patient. This last point is particularly important if we would thoroughly understand the experiences which have made a deep impression on the patient and which may have left distressing and harmful memories. It is necessary not only to consider the precise questions and replies, but also to note all that the patient says when he is not being questioned, and when he is chatting with no thought of surveillance. In order to note such irrelevant talk Freud's disciples advise having the patient seated in an easy chair while the physician places himself behind him and directs him to relax and to speak aloud all the thoughts which enter his mind. This seems to me to be a very mediocre and somewhat naive proceeding, for in spite of every precaution the patient is conscious of the surveillance and, more than one would think, arranges his words to produce a certain effect. This seems to me a procedure to be employed only if nothing better can be found. The patient should be observed frequently unknown to himself, when he believes himself alone, as I have often done, and it is necessary to make an effort to note what he does and what he says when he speaks in an undertone. Freud adds that not only must the patient's words be noted, but also his reticences, his gestures, his tics, his laugh, his lapses, his forced pleasantries, etc. "It is necessary to know how to understand without her saying so that a young girl longs to be married, or that she is apprehensive of the consequences of her relations with her cousin, and that she speaks of appendicitis because she is afraid she is pregnant." All this is most excellent in a course for young students, but I really would never have dared to give such advice to medical alienists.

A more interesting method has been proposed by Jung (Zurich).¹ This writer has revived and attempted to

¹C. G. Jung, *Ueber das Verhalten der Reaktionszeit beim Assoziationsexperiment*, Leipzig, 1905. This method has been summed up in French by MM. Ley and Menzerath, "*L'Etude expérimentale des associations d'idées dans les maladies mentales*," *Rapport au Congrès de Bruges*, Sept.-Oct., 1911.

use clinically an old experiment of the psychological laboratory. Having prepared a list of test words the operator pronounces one word at a time and the subject immediately replies with the first word that enters his mind. The interval of time clapsing between the pronouncing of the stimulus word and the response is exactly measured. Mayer and Orth, 1901, have observed that associations of this kind are more rapid when they are accompanied by a sentiment of pleasure and are retarded when they arouse a disagreeable sentiment.¹ Jung also found that the associations are always retarded or modified in some way when the stimulus word wakens a distressing sentiment in the subject's mind relative to traumatic memories that are conserved, sometimes unknown to himself. If the subject, for example, is tormented by a fixed idea of suicide by drowning, the words "river, lake, swim," which awaken the idea of drowning, will determine the association of ideas more slowly and abnormally than other words in the list which have no such association. In this way, it is possible to obtain evidence of the existence of emotional memories and perhaps traumatic memories. The experiment is interesting and sometimes successful. When the subject is a suitable one, capable of lending himself to the experiment and interested in it, and when his fixed ideas are already known to the experimenter, a suitable list of words can be prepared. Prolonged and abnormal associations can be obtained as reactions to the words which have an association with the subject's fixed ideas. I have succeeded in demonstrating this on several occasions. I am not so sure that the experiment is successful if the subject's fixed ideas are not known, or when these ideas do not represent memories which play a powerful rôle. I think that clinical errors would be numerous if we attempted to make a diagnosis by this experiment. It has seemed to me that any word whatever which caused a slight emotion, such as surprise, was equally efficacious in causing a lengthened reaction and an alteration in the association. A word that is bizarre or shocking, inconsistent with the other test words which have been pronounced, is enough to produce a surprise of this kind. I

¹Cf. Claparède, *L'Association des idées*, 1903, p. 285.

have obtained retardations of from six to nine seconds by pronouncing abruptly some improper word, such as "*merde*" or "*votre cul*," in the midst of a list of serious words, with a subject whose mental state had long been known to me and who had no traumatic memory connected with either of these words. It would be very dangerous to necessarily postulate a traumatic memory simply because of such a reaction. Moreover, the majority of patients do not take kindly to experimentation of this kind; their abstraction, their unwillingness, or even their eagerness to experiment will cause a retardation in the associations which are much more serious than those caused by the emotional memories. This procedure is like many other laboratory methods, to which I regret having sacrificed much time formerly, which, at least in practice, are more valuable in special cases than in the clinic. These procedures can only serve to-day to express, with an appearance of scientific precision, results which have already been reached by simple clinical observation. However that may be, this interesting experiment, which will perhaps lead later to more practical methods of examination, is simply added to the various methods which had already been employed in psychological analysis to elicit emotional memories and presents no new principle.

However, in the first methods of psychoanalysis some special points can be noted. The preceding clinical and psychological methods were more complex because they proposed several objects; on the one hand, they sought to ascertain if the subject's past life held any experience which was capable of having caused a lasting emotion. But this problem was not all; these methods sought also to discover if the memory of this experience had been actually traumatic, if it had actually influenced the evolution of the illness, or if it had remained without effect. This last question was considered as even more important than the first. Finally, psychological analysis was not limited to the study of persisting psychological systems, it examined all the other mental functions to ascertain if there were not disturbances of attention, will, mental synthesis, etc., which had developed simultaneously with or previously to the emotional memory and which were capable of rendering this memory

traumatic. Psychoanalysis seems to concentrate all its efforts on the first problem and does not concern itself with the other two; it seeks by every possible means to put in evidence the existence of an emotional memory, and seems to make this discovery the essential end, the sole object of the mental examination. This characteristic of psychoanalysis is accentuated more and more if its other methods of study, much more original, are considered.

Psychological analysis was used to elicit traumatic memories by examining the subject in various states, both pathological and normal, but distinct from the waking state. Patients were examined during delirious attacks, in natural or artificial somnambulisms, during periods of abstraction, in the dissociated state in which automatic writing is produced, and during sleep and dreams.¹ Psychoanalysis emphasizes the importance of these last phenomena, and above all else has studied the subject's dreams; but it must be borne in mind that the examination of dreams has been conducted in a most original manner. Instead of confining the examination to the attitudes and words of the subject during the dream or immediately after waking, and of considering these words only as important, psychoanalysis has drawn from the dreams an infinitely more important meaning, thanks to the fruitful method of interpretation.

Freud has published a remarkable work on the psychology of dreams (*Traumdeutung*, 1900, English translation by A. Brill, New York), and the ideas that he advanced have been very fully developed by his pupils. These studies on dreams do not contain special methods for the noting of dreams at the moment of their occurrence or immediately after, nor of methods of inducing dreams. Freud does not seem to concern himself, as do so many writers, with disturbances of memory which transforms many dreams, or with the systematization that the dream undergoes at the moment of waking. He limits himself to noting and to accepting the related dream, as it stands, that the patient gives him some hours or days after its occurrence. He does not attempt to criticise this recital —

¹Cf. *Traitement psychologique de l'hystérie*, op. cit., p. 191.

his aim is quite different; he wishes to explain all dreams by one general principle.

Maury in 1861, and before him, Charma, in his book on sleep in 1851, had both remarked that the passions and desires of man were more freely manifested in dreams than when awake; "The soul being in a profound repose and so calm that its depths are clearly unveiled, the true affections and desires, and very often that which one would dare neither to do nor say when awake, appears in dreams during sleep."¹ "The dream is a safety valve," says A. Daudet. But for these observers this was only one particular law applying to certain dreams and not to all, and which combined its action with many other different laws. Freud transforms this partial hypothesis into a general principle; for him a dream is never anything but the realization of a wish of which the individual is more or less unconscious. During the day this wish is repressed by consciousness, which plays the rôle of a severe censor, and is developed at night when the censor is asleep and ceases its watchfulness.

Even in sleep, however, the wish cannot be realized, save in exceptional cases, in a complete manner; that would arouse the censor who would be displeased and interrupt the recreation, viz., the dream. The wish, even during sleep, must be disguised in order not to arouse the censor; it must be changed in such a way as not to be recognizable even to the dreaming consciousness. This disguise follows very simple laws; condensation, displacement, dramatization, and secondary elaboration; these laws are so successful in disguising the original wish that in listening to the related dream it is impossible to recognize the repressed wish which, thanks to the dream, has been unconsciously realized.² The related dream is incomprehensible and of no service in disclosing the subject's hidden tendencies. "In dreams we must carefully distinguish between 'the manifest content' (*manifestes Trauminhalt*) which is a tissue of incoherent fantasies, and the 'latent thought of the dream' (*latente Traumgedanken*) which is but poorly concealed under this

¹Charma, *Le Sommeil*, 1851, p. 85.

²Cf. A. Brill, "Psychoanalyse," Parker, *Psychotherapy*, 1913, ii, 4, p. 41; E. Jones, "Papers on Psychoanalyse," 1913, p. 27.

fantasmagorical appearance for those who know how to recognize it. By suppressing the effects of this superimposed modification, which is easy enough since we are well acquainted with them, we have only to remove the condensation, the displacement, the dramatization, and the secondary elaboration, and, in place of the dream as related by the subject, we have laid bare the tendency which it disguised. This is the *interpretation of dreams* which allows, better than any other procedure, the discovering of old traumatic memories and the sources of tendencies which seek to manifest themselves in dreams. A woman dreamed that her nephew (her sister's only son) was dead, and that she felt no grief whatever; she insists that this dream cannot be the manifestation of a repressed wish as she certainly has no wish that this child should die. Interpretation: by ransacking the subject's memories it was found that long ago she had been in a house where a child had just died, and had met there a man who became her lover. Now she wished intensely to meet this man again, so it is evident that she had had a wish to meet him again on the occasion of her nephew's death.

Freud's disciples have brought this method of interpretation to a high degree of perfection. In Maeder's writings¹ will be found rules of interpretation which indicate the most frequent symbols found in dreams. It is also well to know, in order not to go astray, that in dreams a cavern or a small house always signifies the female sexual organ, the vulva; that a serpent or a stick represents the male organ, the penis; to dream of walking in a forest means that one is straying in the hair of the pubis; to dream of a railway station is evidently to dream of love, for in a railway station one comes and goes, which is very characteristic of love, etc. We will return later to the sexual theories of this school. For the moment I am speaking only of the methods of interpretation as a means of discovering memories of experiences which made a deep impression on the subject's mind in the distant past.

At first glance this method of interpretation seems

¹A. Maeder, "*Essai d'interprétation de quelques rêves*," *Archives de Psychologie*, Geneva, April, 1907.

curious and somewhat dangerous, for any given dream can be interpreted in many different ways. Recently one of my patients, a young man twenty-five years old, who has a great tendency to mystical ideas, related to me one of his dreams which he thought had an important bearing on his future. "I dreamed," he said, "that an invisible power forced me to look at a part of the sky where my destiny was written; in this little patch of the heavens was a star and two doves." "Two doves and one star," said I to myself, "that is clear, the masters of psychoanalysis have given us the key in similar dreams. The two doves signify love, you are evidently in love; the star is more difficult to interpret; it might be said that you are in love with a star of the concert hall. Maeder teaches us that a star designates the genital parts of young Swiss women. But I do not wish to be accused of making a vulgar psychoanalysis (*wilde Psychoanalyse*), and I prefer to say that the star means something marvelous and inaccessible; you are unhappy in love." "Not at all," he replied, "you have not understood the dream at all. The star signifies navigation, because sailors direct their course by the stars. One of the doves is the soul of Joan of Arc which rose above the funeral pyre at Rouen under the form of a dove, and the other dove is my soul which is exactly like that of Joan of Arc. I, then, must accomplish on the sea a feat equal to that which Joan of Arc accomplished on the land; my dream means, beyond all doubt, that I must command a fleet of vessels to deliver Brittany from oppression by Godless prefects." I was obliged to give up the discussion for the young man's interpretation was as well defended as my own. A dream can be interpreted only when one knows beforehand in what sense it should be interpreted. This is precisely what characterizes Freud's doctrine in connection with traumatic memories. His method of interpretation is serviceable because it is guided by a previous conviction. Psychological analysis does not permit of interpreting dreams, nor other facts of observation, because it does not know in advance whether there is, yes or no, a traumatic memory, or if it plays or does not play a large part; it does not know in what sense to make the interpretation. Psychoanalysis, which has borrowed from

psychological analysis the idea of traumatic memories, has curiously changed it. It admits, as demonstrated, that in all neuroses there is a traumatic memory; it admits, once for all, that this memory is the cause of all the other phenomena, that it is the whole of the disease; and so there is no longer any reason for being cautious in the interpretation of facts, for the sense in which these facts shall be interpreted is already decided upon.

As I have said, I do not wish to criticise this conception; I confine myself to indicating the characteristic differences which separate the two doctrines. Psychological analysis and psychoanalysis both began by a consideration of the same problem, namely, the study of the traumatic memory in the neuroses. Psychological analysis ascertains the traumatic memory in certain observations, not interpreted; it admits, by virtue of the hypothesis, that the traumatic memory is joined to other mental states in order to play a part in the determination of certain symptoms; psychoanalysis changes this partial hypothesis to a general principle, lays down this principle as fixed, and, consequently, easily interprets all observations by the laws of this fundamental principle.

II. THE PATHOLOGICAL MECHANISM OF THE TRAUMATIC MEMORY

Let us put aside these first divergences on the degree of generality in the traumatic memory and the importance of its research. Let us consider the traumatic memory when it clearly exists following an accident or strong emotion, and try to understand the mechanism which enables it to react on the physical and moral health. Here again my studies of long ago seem to present many analogies with those that the psychoanalytic school has since published, and it is interesting to see exactly what the differences are which separate them.

In order to explain the symptoms of the traumatic memory, Charcot had recourse to a psychological mechanism which began to be known in his time, namely, suggestion. The memory of an accident very naturally gives rise to

thoughts of the possible consequences — the wounds, infirmities and impotencies that might follow. These ideas tend, by the mechanism of suggestion, to realize themselves and determine a paralysis. I have said that I admit the truth of this interpretation in specific cases, where the appearance of the idea previous to the accident and its influence upon the development of the illness can be clearly ascertained. I have long insisted on the mechanism of suggestion by showing that an idea develops in an exaggerated manner owing to the absence of counter-balancing ideas in the narrowed consciousness. It is unnecessary to dwell upon these theories which are generally admitted and which, indeed, have often been greatly exaggerated.

In a large number of other cases I have been led to remark that the idea of impotence, which is necessary for the working of a suggestion, does not exist as an intermediary between the initial accident and the symptom presented by the patient, or it plays only an insignificant part. The troubles show themselves through a much more simple mechanism which I have termed psychological automatism. The memory, even of the experience, is constituted by a system of psychological and physiological facts, varied images and movements; this system persists in the mind and speedily prevades it; by association it becomes linked to innumerable images and movements which in the beginning were foreign to it. Enriched in this way it becomes powerful in the midst of an *ensemble* of other thoughts, which are weakened by the general depression, and the idea is realized by its own force, automatically, without passing through the intermediary of the idea and the suggestion; it then gives rise to actions, attitudes, suffering and deliriums of different kinds. I have been able to distinguish fixed primary ideas and fixed secondary ideas; it is very easy to recognize this distinction in the first example I cited where menstruation was arrested because of the memory of a cold bath, and where an amaurosis of the left eye developed from the memory of a child who had scabs on the left side of its face.

The following extract from my study of the psychological treatment of hysteria shows how these automatic developments of psychological systems are combined with

phenomena of suggestion to bring about various disturbances. "The young girl (who for a year had been her father's mistress) had lived in terror of becoming pregnant. This probably produced the abdominal meteorism, for the association of the two ideas is often observed. Apparently the meteorism and the idea of pregnancy determined the disturbances of respiration, digestion and vomiting. Fear and remorse led to ideas of suicide, which in their turn caused the refusal of food, anorexia and deglutition, which one doctor mistook for the symptoms of a bulbar lesion. The idea of pregnancy, on the one hand, the sexual excitation, a strange hallucination of the tactile and sexual senses which we are not able to describe and which developed at the least movement of the limbs, on the other, rendered walking increasingly difficult. The obsessing idea that her altered gait would reveal everything she sought to conceal was added to the other ideas, and astasia-abasia was complete for five years. Another patient with ovarian trouble suffers from aboulia and dares not and cannot make a decision. She loves her husband and child too much to leave them; she loves her lover too much to give him up; she puts off her decision until she shall be cured of a trifling indisposition. But she delays her recovery indefinitely; she dreads to be well for fear that she will be obliged to reply definitely to her lover, and for eight months she remains in bed suffering more and more. Add to this the contracture of the adductors, the '*custodes*,' so frequent in women who are absorbed by sexual thoughts, and some of the intermediary facts which develop the symptoms the patient actually presents are easily seen. It must be thoroughly understood that the hysteric is rarely conscious of the fixed idea of her symptom; she does not intentionally have an attack, or keep her mouth drawn to one side, as many seem to suppose who wish to explain everything by suggestion. This occurs only in some particularly simple cases. The fixed idea in the patient's mind is apparently foreign to the symptom and causes it only by the intermediation of a whole series of moral and physical consequences." I concluded this former study by saying that the symptoms link themselves to the traumatic memory by the entire *ensemble*

of psychological and physiological laws which rule the development and the manifestation of the emotions.

In my more recent studies on the emotions I emphasize another fact which also plays a considerable part in these phenomena, namely, fatigue. The individual who retains a traumatic memory conserves, in reality, a memory of some difficult situation from which he has not known how to honorably withdraw and to which he has not been able to adapt himself. By reason of this obsessing memory he constantly feels that he is in the same situation, and he constantly makes unavailing efforts to adapt himself to it; it is like a person who throws himself constantly against a wall with a vague hope of breaking it down. From this struggle there results an ever increasing exhaustion, a lowering of psychological tension, and the manifestation of this depression complicates in an unforeseen way all the preceding phenomena.

Many writers, at the time of which I speak, expressed similar ideas. I particularly recall the interesting studies made by Dr. Morton Prince on "Association Neuroses,"¹ in which he pointed out that "the neurosis often consists in the unfortunate evocation of associated psychological systems." In another study, "Fear Neuroses,"² he demonstrated that "certain stereotyped movements, apparently quite foreign, may be attached to a tendency to a fear which is indefinitely conserved." He compares this association to that which has been established by the experiments of Pawlaw between the salivation of dogs and the hearing of certain sounds. Recently Dr. Prince has again returned to these previous interpretations in his work "Recurrent Psychopathic States,"³ and I am happy to see that he expresses the opinion that I had previously advanced when he concludes: "The tendency to conserve organized complexes with a certain degree of automatic independence varies greatly with the individual, but it cannot be presented in a high degree except when there is a fundamental state of mental dissociation."

These investigations on the mechanism of traumatic

¹Journal of Nervous and Mental Diseases, May, 1891.

²Boston Medical and Surgical Journal, September, 1898.

³JOURNAL OF ABNORMAL PSYCHOLOGY, July, 1911.

memories led me to another study which has assumed an equally important place in the works of psychoanalysis and which should be mentioned here. One of the difficulties encountered in the study of traumatic memories in hysterics lies in the fact that very often the subject places no importance upon these memories and seems to ignore them, or to completely forget them. "These ideas," said I, in one of my first articles, "especially the primary idea which plays the principal rôle, are not always clearly known to the patient himself. He often seems to entirely ignore the obsession by which he is tormented and which, unknown to him, is the cause of his illness. How then can we say that this idea exists when the patient does not have it in his consciousness? We know this idea exists because the patient clearly expresses it at certain moments and under certain conditions, although he is absolutely powerless to do so at other times. In attacks, in delirium, in somnambulisms especially, he clearly explains the obsession which constantly torments him. The following clinical character of hysterical fugues is well known; the subject cannot tell of his fugue and the reasons which induced it except when he is in a somnambulistic state. The same clinical characteristic is encountered in the fixed ideas which produce attacks, paralysis, anorexia, etc. This is a common fact in hysteria which must be recognized in order not only to treat, but even to diagnose with precision an hysterical disturbance." The events relating to the checking of the first menstruation by a cold bath, and a night passed with a child covered with sores were told to me by the patient only when she was put into an artificial somnambulistic state. These experiences could not be related in the waking state for the subject seemed to be utterly unaware of them.

In this case there is no question of a true forgetfulness, for the really forgotten tendencies have ceased to be active; here the latent tendencies have a genuine activity and determine dreams, delirium and disturbances of all kinds. Neither is it that the patient pretends to be unable to tell what troubles him or tries to hide it. He is powerless to determine what is passing in his mind, and cannot express it even to himself. It is a specific modification of the hysteri-

cal consciousness which seems to involve the personal consciousness of the subject rather than the tendency itself. I endeavored to describe this in 1889 under the name of "subconsciousness through psychological disintegration."

These facts having aroused my curiosity I made careful investigations, and was able to report a score of fine examples, under the title of subconscious fixed ideas, or fixed ideas of hysterical type.¹ This peculiar character of certain traumatic memories in hysterics seems important, for fixed ideas of this kind seem the most dangerous. It may be said by virtue of the hypothesis that these fixed ideas are dangerous because they are dissociated from the personality and belong to another group of phenomena over which the conscious will has no control.² "The force of similar ideas depends on their isolation; they enlarge, installing themselves in the mind like a parasite, and the subject cannot arrest their development because they are unknown to him and exist apart in a secondary stream of thought separated from the first."³

Why do certain tendencies assume this subconscious character? I was disposed to attach this fact to the general character of hysterical thought in which may be observed many dissociations of the same kind, and to the effects of certain depressing emotions on such a mental state. It is easy to ascertain⁴ that these phenomena of subconsciousness appear only during the most serious period of the disease and disappear when the cure begins. It has been frequently noted that during convalescence the memory of past experiences, which were previously unknown except in hypnosis, returns spontaneously. The depressing effect of emotion may involve a particular tendency which is active at the moment of a painful experience. The exhausted tendency can no longer act sufficiently to include in its manifestations the characteristics of the superior psychological phenomena; it cannot produce acts accompanied by

¹Cf. particularly, *L'Etat mental des hystériques*, 1892, pp. 67 et seq. "Un cas de possession et l'exorcisme moderne," *Névroses et idées fixes*, 1894, i, p. 375. "Les idées fixes de forme hystérique," *Presse médicale*, 1895. *Névroses et idées fixes*, i, p. 213.

²*L'Automatisme psychologique*, pp. 430, 436.

³*L'Etat mental des hystériques*, ii, p. 267.

⁴*L'Automatisme psychologique*, p. 153.

personal consciousness. Here again we have the problem of the depression which may, as we have seen, depend on various causes, attaching itself to some particular experience, to a slow succession of disturbances, or which may depend on a fundamental cause. The subconscious fixed idea is a particular form of this depression localized on a special tendency.

These studies, incomplete as they may have been, have had the honor of inspiring the works of Freud on the same problem of the mechanism of traumatic memories. On certain points the modifications he has made seem to me quite slight. It is necessary to first examine these changes in detail before touching on the fundamental changes. Freud and his co-workers insist, as we do, on the exaggerated development of certain tendencies. They attribute this development to the force of those tendencies which they call "the emotional impulse of the complex, the affective power of the complex." These are evidently different words, but possibly not very new ideas. I am somewhat afraid, I must confess, that the notion of "emotional impulse, the affective power of a tendency," may be rather vague; I prefer to consider the motive power in a tendency which is best able to make itself precise, and characterize the force of tendencies, through the greater or lesser facility with which one tendency in conflict with others nevertheless succeeds in realizing itself and in transforming itself into an act.

These writers have also strongly insisted on phenomena which they call "conversion, transference, displacement." Although the language may not be very precise, these words doubtless designate some of the facts to which I have just referred. The memory of a child whose face on the left side was covered with sores gave rise to an anesthesia of the left side of the face; the memory of blood on a stairway, and red flowers on a coffin induced a painful horror of red. We called these facts psychological associations, invading tendencies. Morton Prince called them association neuroses. Paulhan in his excellent book, "Mental Synthesis and the Elements of the Mind," 1890, had already very ably explained the conflict of psychological systems, and their

wresting of elements one from the other to their own loss or gain in this rivalry. The conversion of a moral phenomenon into an apparently physical phenomenon is only a particular aspect of the case in this concurrence of the tendencies, and it does not seem to me to be of enough interest to make of it a general law of the phenomenon. Quite recently Dr. I. Coriat¹ very truly observed: "Where an emotion is strong it immediately forms itself into a powerful automatism which associates psychical and physical phenomena without recourse to hypothetical conversions." Dr. J. P. Donley² made analogous observations in a prolonged study of hysterical troubles. As a matter of fact, these expressions of psychoanalysis involve only an unimportant change in words.

A more interesting difference between psychoanalysis and ordinary psychological analysis might perhaps be found if a study were made of Freud's researches on the causes of subconsciousness. This writer and his pupils have taken as a starting-point my first studies on the existence and the characteristics of subconscious phenomena in hysterics, but without criticising them. I somewhat regret this, for these studies should have been confirmed and criticized, if need be. These studies were concerned, above all, with investigating the mechanism by which subconsciousness is produced, and the reason for the passage of such or such a fact from the realm of conscious psychological phenomena into the group of subconscious phenomena. Freud, commenting recently on a case of hysterical blindness,³ considers that my former explanation attributing such blindness to a weakness of the mental synthesis is wholly inadequate, for which opinion he doubtless has some good reason. He thinks he has found a more profound and more precise explanation in the conception of "repression" (*Verdrängung*).

"Our psychic dynamism," wrote E. Régis and A. Hesnard,⁴ in their *résumé* of this theory of Freud's, "is

¹I. Coriat, JOURNAL OF ABNORMAL PSYCHOLOGY, April-May, 1911.

²J. P. Donley, JOURNAL OF ABNORMAL PSYCHOLOGY, April-May, 1911, p. 131.

³S. Freud, *Aertzliche Fortbildung*, 1910, No. 9.

⁴E. Régis and A. Hesnard, "*La doctrine de Freud*," *L'Encéphale*, April 10, 1913, p. 361.

divided into two systems; the forces which direct thought, which constitutes the first, the largest, and the most fundamental, are maintained in the depths of the unconscious by the censor (*censur*); the censor constitutes the second system of forces which are more or less antagonistic to the first, and which, being acquired by the individual during the course of his psychic development, thus limit the personality. The censor acts more or less strongly on the stream of our thoughts and tendencies. At times (during certain states,—such as reverie, abstraction, exaltation, etc.) it permits the irruption into the personal consciousness of fragments of thought, more or less distorted, from the unconscious, as if these thoughts were located at the entrance of this vast domain (*vorbewusst*).” The traumatic memories, with the tendencies and ideas attached to them, are presented to the subject’s mind in a very distressing way; they shock his sensibilities, or are in contradiction to his moral ideas. The subject is displeased to have such thoughts, and makes every effort to keep them out of his mind; he struggles against them with all his strength. When these thoughts rise into consciousness he will not allow them to develop, will not allow them to be realized in acts or even in distinct thoughts; from the moment they appear he checks them and endeavors not to recognize them, to forget them. “Repression,” says A. Maeder, “belongs to the system of defense of the organism.”

As a result there is at once a modification; a fear is added to the repressed thought from the moment of its appearance; what in the beginning was a wish becomes a fear. “All morbid fear,” says E. Jones, “is a wish which has been arrested and repressed.” For example: a man wished to marry the wife of his intimate friend, who was dangerously ill, and, in reality, he awaited the death of his friend with impatience. But he would not admit this wicked wish to himself and repressed it with all his will; as a result he began to have the most exaggerated fears and morbid anxieties about his friend’s health.¹ The fear took on a pathological character because it replaced a repressed wish. In a higher degree, the memory or the idea which is

¹E. Jones, JOURNAL OF ABNORMAL PSYCHOLOGY, April-May, 1911, p. 13.

constantly repelled withdraws from consciousness where it is unable to manifest itself; it becomes subconscious and continues an independent existence; dissociation has resulted from repression. In this way consciousness no longer suffers from the conflict, but it is retracted and diminished. Thus in the case of hysterical blindness, of which I have just spoken, Freud thinks that the patient had repressed a sexual desire with all his strength. Now sexual desire is closely related to the eyes, for it is evident that the eyes can be used to convey love's meaning. The subject in repelling love has put out of consciousness, for fear of temptation, all that the eyes may be able to convey; he has pushed the visual sensations into the subconscious and, consequently, has become blind. Finally, the tendency thus repressed "*coincée*" (*geklemmt*) into the unconscious, being unable to express itself in speech or acts (*abreagieren*), has not been able to eliminate its force by a normal outlet; all this results in a disturbance in the equilibrium of psychic forces. This mechanism of repression presented in various ways (*Abwehr*, *Verdrängung*) thus plays a very large part in all the expositions of psychoanalysis.

I must admit that in the beginning I was not greatly in sympathy with this psychological theory of repression and that I was disposed to distrust it for several reasons. In the first place, not being well acquainted with psychoanalysis and its infinite generalizations, I was somewhat surprised to see this very special explanation constantly applied to phenomena that in my judgment differed greatly; phenomena which it seemed to me involved sometimes suggestion, sometimes emotion, fatigue, exhaustion, sometimes phenomena of derivation (*phenomene de derivation*). In the second place, I am averse to explaining pathological troubles as being due to the patient's will, and it is difficult for me to understand that a simple effort of the will can produce pathological alterations. It did not seem to me that repression, the struggle against a tendency, would ordinarily determine phenomena analogous to the subconsciousness of hysterics. The struggle against a tendency prevents it from manifesting itself, from being developed; eventually it reduces it and little by little it disappears. If, for reasons of health, I wish

to give up smoking, I shall not cause myself to smoke subconsciously in somnambulism; I shall overcome the desire to smoke, that is all. What characterizes the subconscious is not that a tendency diminishes or remains latent, on the contrary, tendencies are developed, are strongly realized unknown to the other tendencies of the mind, which are unable to oppose this realization.

But, it will be said, it is a question of powerful tendencies which resist repression and will not be annihilated. So be it! These tendencies will resist, they will continue to develop from time to time and overwhelm the moral opposing tendencies, there will be struggles, anguish of mind; but this is not at all in the subconscious; the desire to commit some given act forbidden by the doctor or the spiritual confessor may be accompanied, if you wish, by a fear of death or of hell, but of its own volition it cannot change itself into fear. I wish to smoke a cigar, but I fear I shall be made ill; I do not see why that should be called a cigar phobia; or how it can become an act of subconscious smoking. These objections occur to the mind naturally enough, and I have found them in several writers, particularly in a study by Morton Prince.¹

However, certain observations have showed me that it is not impossible that repression may play an interesting rôle, at least in certain cases. It is evident that in normal man, repression produces neither the phobia nor the subconsciousness; but is it the same in a mind already ill? Given a person in a state of depression, in whom the slightest obstacle arrests the development of his tendencies, and in whom phenomena of derivation are easily produced, it is possible that the moral struggle against a tendency prevents its being realized, and in place of the act gives rise to visceral agitation analogous to fear. Given a field of consciousness already narrowed, the development of the inhibited idea might be able to banish another tendency outside of consciousness. I formerly described the singular conduct of certain double personalities; when Leonie I refused to obey orders it sometimes happened that this order was later

¹Morton Prince, "Discussion of the Symposium," *JOURNAL OF ABNORMAL PSYCHOLOGY*, January, 1911, p. 179.

executed by Leonie II. Thus in minds already dissociated, repression might be, in certain cases, the cause of phobia or of subconscious activity.

In order to justify these conclusions I attempted to apply the theory of repression to certain observations. In a study on the dissociation of memories by emotion I showed that one sometimes observes periods of phobia of memory at the onset and at the end of hysterical amnesias, as if the memory was terrifying in the beginning and later became subconscious.¹ In this connection I strongly emphasized a remarkable case of hysterical paralysis which I reported in my paper on the subconscious, read at the Congress in Geneva, 1909. Sah., a woman thirty years old, has for ten years suffered from a series of neuropathic disturbances which were brought on by a violent emotional shock.² Her father, who was confined to his bed, had attempted to rise by leaning upon her, but he was stricken with angina-pectoris and died immediately. As he fell, Sah. was thrown down and remained several hours under her father's body, which rested against her left side. In her terror she dared not move the body. Following this experience she began to have, from time to time, delirious attacks. In these attacks she complains that her left arm suddenly undergoes a curious change and that she cannot endure this alteration. Her arm seems like something that does not belong to her; "It is no longer my hand," she says; "it is some one's else hand; it is not a human hand, it is the hand of an animal, a reptile. . . . I wish that some one would give back my hand to me." She is unwilling to use her left hand and cannot endure to have it touch the right hand nor her face. She can, however, voluntarily move it and can feel both pricking and touch. In a word, she speaks and acts like the psychasthenic, who says: "This is not my arm, it is the arm of another; *I* do not speak, *I* do not walk," etc. But there is one curious difference it is true, namely, the disturbance is exclusively localized to one member which is very rare in psychasthenics.

¹"*L'amnésie et la dissociation des souvenirs par l'émotion*," *Journal de psychologie normale et pathologique*, September, 1904, p. 417. *L'Etat mental des hystériques*, second edition, 1911, p. 541.

²"*Rapport sur les problèmes du subconscient*," *Comptes rendus du Congrès de Psychologie*, Genève, 1909, p. 68.

This condition is not of long duration in Sah., for some few days after the onset of the delirium she has a violent hysterical attack in which she wishes to beat and tear off her left arm. In this she resembles the patient reported by Barrows in 1860, and afterwards commented upon by William James,¹ who abused her arm and called it "Old Stump." After the attack Sah. has a left hemiplegia, with anesthesia of the entire left side. Then she no longer complains or speaks of her arm, but she cannot move it and has no sensation in it; at least the movement and sensation are present in a subconscious way only.

This observation is remarkable from a clinical point of view because it shows an oscillation, quite rare I think, between the psychasthenic and the hysterical attitude; but it is also interesting from a psychological point of view because it can be interpreted according to Freud's doctrine of repression. Might we not say that in this woman, evidently predisposed to hysterical disturbances, the memory of her father's shocking death associated itself with her left arm, on which she had supported his dead body, and determined this horror of the left side? This would account for the horror which impelled her to spurn her left arm in both a moral and a physical sense. This repulsion, the true repression, seems to precede and determine hysterical hemiplegia, that is to say, the tendencies related to the left side are repressed into the subconscious. Presented thus, in hypothetical form, and submitted to the discussions and restrictions that we shall see later, this interpretation by repression seems capable of rendering service. By this example is shown that the conception of repression presented by psychoanalysis may be reconciled with the studies of psychological analysis and may, in certain cases, be useful in supplementing it. But it does not seem as if this example showed a radical difference between the two doctrines; neither does it show the true difference between psychological analysis and psychoanalysis in their interpretation of the mechanism of traumatic memories.

The difference between psychoanalysis and psycho-

¹William James, "Automatic Writing," *Proceedings of the Society for Psychical Research*, 1889, p. 550.

logical analysis seems to me, however, to be true and profound; it must be sought, not in the observations and doctrines which are almost identical, but in the method of study and the general conception that one gathers from these doctrines.

Psychological analysis, as was natural in beginning studies so difficult, was limited to ascertaining facts of suggestion, psychological automatism, subconsciousness and lowering of psychological tension; it sought to use words in a precise sense and to make observations as precise as possible. The hypothesis was used only to attribute a rôle to the facts observed, and to regulate the degree of their importance in the disease. Moreover, the theory thus formed was justified as far as possible by repeated observations on the frequency of a given fact, by comparisons and experiments; but the theory was not considered as proved, and was not applied without verification to other cases where the same facts were not clearly in evidence.

An example of this care in interpretation may be seen in the case of Sah., which I have just cited. It is not impossible, said I, to explain this patient's hemiplegia by repression, for, at certain times, the paralysis of the left arm has been preceded by a sort of delirium when the subject repelled with horror the sensation of the arm and appeared to repress this horror. But we cannot accept this explanation as true, simply because it may be possible, and I must point out one objection. In the more complete observation of this case, which I presented to the Congress at Geneva, it will be seen that the facts actually occurred in the patient's relapses as I described them. But in the first place, when Sah. was lifted from under her father's body, she immediately had an hysterical attack and a left hemiplegia, which was more or less complete for several months. She recovered from this attack, and it was some time afterward, following fatigue and emotion, that she had a relapse in which the disturbance began with this horror of the left arm, lasting several days, and was followed again by a hemiplegia. It is apparent that the first hemiplegia and the formation of a subconsciousness was not preceded by the sentiment of horror or by repression. Is it quite certain

that the second attack, even though it was preceded by repression, was caused by it? Might we not suppose that in the relapse, the horror of the left arm may have been the first manifestation of an impending hemiplegia? Under the influence of the first violent emotion the weakening of the tendencies related to the left arm might have been immediately so complete as to produce the whole subconscious state with anesthesia and paralysis; in the emotions which led to the relapse the exhaustion might have been incomplete at first, and might have led simply to a modification of the tendencies with a sentiment of strangeness and phenomena of derivation under the form of fear, and, finally, the increasing exhaustion might have determined, little by little, the whole subconscious state. In this conception, repression might not be a voluntary act, the direct cause of the paralysis; it might be only a consequence, a manifestation of exhaustion at the beginning. Psychological analysis hesitates between these interpretations and awaits the light which the development of the illness throws upon them.

Psychoanalysis is not embarrassed by these subtleties, because it takes, as I understand it, a wholly different point of view. It selects two ideas, transference and subconsciousness through repression, and considers them as fundamental ideas entering into the definition of every neurosis. These definitions being admitted, once for all, psychoanalysis confines itself to attempting to find in what manner, by way of what symbolic interpretation, it can attach a symptom to these fundamental notions of transference and repression. It is astonishing to see the facts thus interpreted as simple symbols which one changes at will, because the investigator is convinced beforehand that behind these facts there is a transference and repression without which the neurosis would be impossible.

In the works of this school, many examples of this method of interpretation may be found. It is known, for instance, that certain neuropaths, some hysterics and some psychasthenics manifest a very peculiar and sometimes bizarre attachment for the physician who has succeeded in obtaining some influence over them. This attachment shows itself in many different ways and seems to depend upon diverse

psychological states in which appear, as the case may be, suggestion, aboulia, the inability to make a decision, the need of being understood, of being directed, and, chiefly, the need of stimulation which is so important in states of depression. Psychoanalysis explains these facts much more simply by the transference (*Uebertragung*) of a sentiment of sexual love; the subject may have formerly experienced this sentiment for either his father or mother, or some other person, and now transfers it to his doctor.¹ Suggestion and hypnotism are, then, very simple phenomena which consist in the transference of sexual tendencies from the "infant-parent" complex to the "subject-hypnotizer" complex. It is evident that if one admits, once for all, that all submission, of whatever kind it may be, is a symbol of erotic feeling, that in every neurosis there is an unconscious transference of something, one *may* explain the above facts in this way.

Interesting examples of this method of reasoning may also be found in the studies made first by Freud and later by his pupils on the small daily mistakes which we call absent-minded acts, slips of the tongue, *lapsus calami*, forgetfulness and witticisms. Usually we consider that these facts, like all errors, are very complex and varied; to explain them we speak of indolence, of will and attention, the checking of the development of such or such a tendency owing to insufficiency of tension, phenomena of exhaustion, pre-occupation, habits, association of ideas, suggestion, etc. The Freudians do not take these facts into account at all. They really study one problem only, namely, in what way, by what symbolic interpretation can these abstractions be attached to the action of some dissociated tendency repressed into the subconscious. It is always a tendency of this kind which seeks to manifest itself by acts without the authorization of the normal consciousness which plays the rôle of a censor. If the facts sometimes seem confusing, it is because they are clothed in a "disguise" in order to escape the censor. In fact it is a question of a mechanism analo-

¹Cf. particularly, S. Ferenczi, "*Die Rolle der Uebertragung bei der Hypnose und Suggestion*," *Jahrbuch für psychoanalytische Forschungen*, 1910, i, 1. R. Acher, "Recent Freudian Literature," *The American Journal of Psychology*, 1911, p. 433.

gous to that of dreams, and we must interpret these abstractions as we would search for the key to dreams. Happily we have as a guide in this interpretation the general principle of repression which must be admitted in the beginning as fundamental.

The general character of these methods had been pointed out in an interesting way in an article by Frederick Lyman Wells, "Critique of Impure Reason."¹ What characterizes this method, said he, is the symbolism; a mental experience can always, when it is useful to the theory, be considered as the symbol of another experience. The transformation of facts, thanks to all the methods of condensation, displacement, secondary elaboration and dramatization may be great; as a result of this any fact whatsoever may signify whatsoever one wishes to have it signify. The writer adds that this, in his opinion, is a somewhat naive conception of psychological determinism. It is chiefly, if I am not mistaken, a consequence of the confidence of the Freudian school in a general principle which was fixed in the beginning as incontrovertible, namely, that it is not a question of demonstrating the principle by the facts, but of applying it to the facts.

It must be recognized that the poor conception of the subconscious, that I presented timidly in 1886-1889, has had a brilliant career since that time. In my eyes subconsciousness was only the expression of certain psychological observations, an appearance that various pathological troubles assumed in certain cases. The subconscious has become, in the studies of spiritism and occultism, a marvelous principle of knowledge and action, which is far above our poor personality. For the psychoanalysts the subconscious has become the general principle and the definition *a priori* of every neurosis.

¹Fr. Lyman Wells, "Critique of Impure Reason," THE JOURNAL OF ABNORMAL PSYCHOLOGY, June-July, 1912.

(TO BE CONCLUDED.)

DREAM INTERPRETATION AND THE THEORY OF PSYCHOANALYSIS

BY JAMES J. PUTNAM, M.D.

IN spite of all that has been written on the subject, there is still much misconception about the true aim of a psychoanalytic investigation, and the particular sort of help which the analysis of dreams may furnish. Furthermore, too much is made of the assumed defects of the method, or of alleged eccentricities (doubtless sometimes real) in interpretation, or of occasional mischances in treatment, which, in fact, are usually due to unavoidable and unexpectedly difficult conditions, or to avoidable errors of judgment on the physician's part.

In his paper entitled, "The Analysis and Interpretation of Dreams Based on Various Motives," and published in the June-July, 1913, number of this JOURNAL, Dr. Meyer Solomon develops in an interesting manner the view that many other emotional surgings besides those based on the sexual instinct underlie our dream-life. After referring to another article, also by himself, in which the motive of self-preservation is specifically brought out, Dr. Solomon says:

"These additional cases are further proof of the error of Freudism in over-emphasizing the sexual element in dream-content. Indeed, the Freudians maintain that sexuality, and sexuality alone, is at the bottom of all dream life.¹ I use the word sexuality here in the same broad sense as the Freudians do, thus including man's original and primitive bisexual and polymorphous perverse sexual predisposition."

Of the cases themselves I shall have but little to say; and, indeed, the materials for an adequate discussion are not given, since but little is told of the patients' symptoms — that is, of the reasons for undertaking the treatment, or of subjecting either the dreams or the character and temperament to any sort of thorough analysis at all. That the motives recorded and argued for were present, and that the discovery of them gave the analyst all the information he

¹The most that Freud says in support of this proposition is that: "The greater one's experience with the interpretation of dreams, the more inclined does one find one's self to admit that in the greater part (Mehrzahl) of the dreams of adults, sexual materials are made use of and erotic desires find expression." (*Die Traumdeutung; dritte Auflage*, p. 205.)

It is worth remembering that if I have been rightly informed Freud analyzed one thousand dreams before he began to draw conclusions.

desired for the purposes (not stated) which he had in view, I am entirely ready to admit; but that "nothing further could have been gained by these methods" (*i. e.*, by psychoanalysis,² association-tests, etc.) "in the cases here reported" is a personal judgment to which, of course, no psychoanalyst could assent.

The writer expresses himself as "very much in sympathy with Freudism"¹; and I believe this to be not only true but truer than he now believes. Dr. Solomon thinks, to be sure, that psychoanalysts must come around to his way of thinking (see page 100), but in my opinion the opposite result is far more likely to occur. He regards it as an "inevitable conclusion" that the reasoning which he applies to dream-analysis (including, one must assume, the view that his very imperfect method of inquiry may profitably be substituted for the more complete method now in use) will be applied also in the end to the analysis of "all other fields of human activity which Freudians have attempted to explain." Time alone can decide, and meanwhile we must agree to differ on that point. So far as his paper is concerned with the desirability of emphasizing certain dream motives other than the sexual one, his arguments are interesting and his opinions quite in line with those of a number of other eminent writers; and all that I might care to do would be to indicate that in certain important particulars his characterization of the attitude of the "Freudians" is misleading. But, in fact, Dr. Solomon goes much farther than this, and — by implication at least — calls in question the value of the psychoanalytic *methods* — through which such a vast amount of information has been gained with reference to the rôle of childhood in adult life, and the rôle of the hidden motives and self-deceptions, which, to a greater or less degree, falsify the lives of every man and every group of men. The writer makes this statement categorically, to be sure, only with reference to the cases which he reports, and only with relation to the analysis of dreams. But no one who is thoroughly familiar with the details of psychoanalytic work and with the relation of dream-life to waking-

¹This word is here used in the technical sense in which it was first used by Freud, and which courtesy and the practical convenience of scientific intercommunication have now accorded to it.

life, and who has patiently gone through the tedious labor necessary for getting all the facts required for the understanding of difficult cases, can read such statements as that above quoted, even about the cases here reported, and then the details of the dreams themselves with the writer's comments on them, without feeling that Dr. Solomon is, at this moment, in danger of setting himself and others on a wrong road. I am unwilling that the readers of this JOURNAL should think that the method here advised, which relies on the testimony of the patient's primary memories and judgments and primary associations, can be accepted as a substitute for a real psychoanalytic investigation. How can Dr. Solomon possibly be certain, without further investigation, whether the personal ambitions or maternal instincts of his patients, which represented such strong tendencies that their dreams thought it worth while to deal with them, did not owe even a large portion of their strength to the infantile equivalents of ambition and of the maternal instinct? The "Republic" of Plato would never have been written if Socrates had relied on the primary judgments of his interlocutors, nor the many character-novels and problem-plays of the present day if their authors had not assumed motives on the part of their fictitious personages that the latter could never have revealed themselves, unless with psychoanalytic help.

One need not claim that the psychoanalytic methods are above criticism in order to defend the broad principle that their main value rests on the thoroughness of their application. Neither need one doubt, just because dreams are shown to deal mainly with repressed and infantile motives, that the analysis of them is undertaken with the motive of setting free, so far as may be, the spiritual forces of the patient's life, his ideals and his aspirations.

A book has just been published by an exceedingly high-minded and impartial writer, Pfarrer Pfister of Zurich,¹ in which, although some of the views of Freud are freely criticised, the sentiment that I have just expressed is emphasized convincingly, with especial reference to the analysis of dreams. On page 309, he says:

¹Paedagogium: *Band I. Die Psychoanalytische Methode* (the first volume of an educational series).

“Da der Traum verdichtet, symbolisiert, durch das Gegenteil repräsentiert und sublimiert, ist mit einer einzigen Deutung der latente Inhalt des Traumes nicht erschöpft. Man kann nie sagen, dass man die tiefste Lösung gefunden habe. Manche Träume können überhaupt nicht gedeutet werden.”

Then, quoting Freud, he adds:

“Die vollständige Deutung eines solchen Traumes fällt eben zusammen mit der Analyse.”

In what follows I propose to give my opinion with regard to certain of the sources of these misconceptions which are referred to in Dr. Solomon's interesting paper, and shall speak first of the argument that the value of the testimony of patients with reference to their past lives, and especially to their dreams, is likely to be greatly impaired by memory-falsifications, resembling, but perhaps sometimes exceeding, those so often seen, for example, in all courts of law.

It might be supposed that this source of error would necessarily be a very important one; yet, in fact, experience shows it to be of trifling consequence.

Memory-falsifications do, undoubtedly and obviously, occur; but this matters comparatively little, for the reason that what the physician mainly seeks to learn about the patient, or to help the patient to discover for his own benefit, is not so much actual experiences in and for themselves, as trends of character and tendencies to emotional reaction, which such experiences illustrate and symbolize. And for acquiring this knowledge, even very vague memories; even the recollection of a fantasy of childhood, or a fantasy-habit; even an inference through which the patient may *be led to see that he must have entertained* a certain kind of thought or feeling, if only by contrast, may be of real service.

If it is true that every patient carries within his mind strong emotions, the offspring alike of strong and vague instinctive desires and equally strong and vague aspirations; — emotions which are striving at once to make themselves felt and yet to conceal themselves, just as a vain but self-conscious child, desiring yet fearing to be noticed by his father's guests, alternately thrusts himself forward and shrinks into a corner; — if this is true, then even half-

memories may serve to make clear the motive power ("generic energy") by which these emotional tendencies were animated at one or another period, and may serve, too, to call other half-memories to mind.

What is needed is that the patient should write his emotional autobiography, and that, in order to do this truly, he should yield up the pen to the *alter ego* which is within him, and is always more or less at variance with his conscious self. From such yielding he instinctively shrinks back, but if he can bring himself to overcome this shrinking he can at least write a romance about himself, and this romance may answer very well in place of distinct memories. Dreams may furnish ample materials for such an autobiography of the *alter ego*, but only on the condition that they are used as a means for evoking copious, and thus self-correcting, hints for the interpretation of early tendencies and motives, and that the patient is willing to see the repressed portions of himself revealed by them.

Another and kindred consideration should be mentioned in this same connection: Some of the materials which the patient must learn to utilize for reconstructing this history of his emotional life may never have been actual experiences at all, and yet may possess, in a certain degree and sense, the form and the value of experiences.

Let one imagine a bird kept in close captivity until after the time when he should have learned to fly and to mate. Can any one well trained in psychological thinking and observation doubt that in such a case, coincidently with the development of organs and functions that were never adequately used, emotional surgings would have occurred through which these never fully-realized powers and longings would have attained to some measure of self-expression; and, if birds have dreams, can any one doubt that corresponding elements would have occurred in them? Can one doubt, further, that this same process goes on in the marvelous bird-cage or prison-house of childhood and adolescence, in which organ after organ, and function after function, comes into development, just far enough, perhaps, to foreshadow their possibilities of activity, but not enough to cause these various possibilities to be realized at their full value.

“ . . . Alas for those who never sing,
But die with all their music in them.”

Bergson has compared these possibilities, only a portion of which become realized, to a sheaf of wheat stalks.

In other words, I believe that besides speaking of “organic memories” we have the right to speak of “organic aspirations,” as corresponding to the appearance in subconscious, but not conscious life, of the dim foreshadowings of functional activities that never fully attain their birthright. There is surely a form of energy (described by Bergson as “*pous-sée vitale*,” or “*élan vitale*”) which transcends in its activity the structure of the body and the brain. The abortive efforts of this vital impulse are to be included in what we want to learn of an individual life-history, and the most trivial memory may help the imagination to reconstruct some portions of it, although, strictly speaking, this history is one which must often be created and half imagined, rather than reconstructed from facts of clearly recalled experience.

The next question to which I desire to call attention is that which relates to the assumed over-emphasis on the sexual life, in dream-analysis and psychoanalysis in general, and as an assumed cause of the psychoneuroses, on the part of Professor Freud and of those who, through following the method of searching thoroughness proposed by him, have arrived at substantially similar conclusions on this point.

Let me repeat that I believe Dr. Solomon to be more nearly in agreement with Professor Freud's views than the critical tone of his article might easily lead such of his readers to believe as have not had the chance or willingness to study these questions carefully; and that it is to them that these arguments are addressed.

It should never be forgotten by those who wish to look at this matter fairly, that when Freud and his colleagues speak of “sexuality” they mean something which reaches far beyond the “bisexual and polymorphous perverse sexual predisposition,” which Dr. Solomon several times cites as if it was a full statement of the accepted psycho-analytic definition. This part of the definition is indeed important, and does perhaps apply to the infantile and re-

pressed elements of the sex life, the existence of which is always assumed by implication. But these terms should be read in connection with the published opinion at which Freud arrived finally, after many years of study. A recent statement of this opinion is as follows:¹

"It is well known that psychoanalysts have been criticised by their medical colleagues for stretching the conception of the 'sexual' far beyond the limits ordinarily assigned to it. It is true that they have done this, but whether they are blameworthy for so doing is quite another question. The psychoanalytic conception of the sexual does transcend the limits of the popular conception in both directions, *i. e.*, upward as well as downward; and the reasons for this widening of meaning become clear enough if one studies the sex life of man from the standpoint of its genesis. It, namely, the first stirrings or manifestations of the sexual instinct are taken as the point of departure, it seems justifiable to classify² as belonging to and characteristic of the sex life, the entire series of tender emotions (*zärtliche Gefühle*) which come into being as outgrowths of these early impulses. This mode of classification is applicable even where, in the course of further development, the original goal of these impulses has ceased to exist as such, or has been exchanged for a wholly new one.

Having learned to look at the matter in this way, we now like to use the term 'psychosexual' in preference to 'sexual,' in order to emphasize our belief that the higher mental constituents (*seelischen Factor*) of the sex life should be taken cognizance of, and their significance fully recognized. In short, we now use the term 'sexuality' in the same broad sense in which the German word *lieben* is employed."³

¹*Zbl. für Psychoan.* I, 92. I venture to give a free, but, I trust, an accurate rendering of this important passage, but subjoin also the original text.

"Es kann dem Arzt nicht unbekannt geblieben sein, dass man der Psychoanalyse den Vorwurf zu machen pflegt, sie dehne den Begriff des Sexuellen weit über den gebräuchlichen Umfang aus. Die Tatsache ist richtig; ob sie als Vorwurf verwendet werden darf, soll hier nicht erörtert werden. Der Begriff des Sexuellen umfasst in der Psychoanalyse weit mehr; er geht nach unten wie nach oben über den populären Sinn hinaus. Diese Erweiterung rechtfertigt sich genetisch; wir rechnen zum "Sexualleben" auch alle Betätigungen zärtlicher Gefühle, die aus der Quelle der primitiven sexuellen Regungen hervorgegangen sind, auch wenn diese Regungen eine Hemmung ihres ursprünglich sexuellen Zieles erfahren, oder dieses Ziel gegen ein anderes, nicht mehr sexuelles, vertauscht haben. Wir sprechen darum auch lieber von Psychosexualität, legen so Wert darauf, dass man den seelischen Faktor des Sexuallebens nicht übersehe und nicht unterschätze. Wir gebrauchen das Wort Sexualität in demselben umfassenden Sinne, wie die deutsche Sprache das Wort "lieben."

²Obviously for reasons such as those above stated.

³See also "*Zur Dynamik der Uebertragung*," *Zbl. für Psychoan.* II, 171.

"Alle unsere im Leben verwertbaren Gefühlsbeziehungen von Sympathie, Freundschaft, Zutrauen, u. dgl. seien genetisch mit der Sexualität verknüpft und

Defined in this way, the term "sexual" obviously might apply to a vast number of acts, experiences and thoughts which belong to ordinary social and domestic life, and characterize many of the relationships of each individual even to himself (*i. e.*, as pointing toward auto-eroticism and narcissism). But it should be remembered that the nature of an act or fact is determined largely by its context, and that although the sexual impulses characteristic of primitive forms of civilization, and characteristic also of the more obviously sexual life of all persons, are connected to the higher and highest spiritual emotions of love by an unbroken line, yet one would hardly be tempted to use the term sexual for these latter manifestations, except under special conditions; then, namely, when, for one or another reason, their genetic relationship to the phenomena typical of the other end of this line needed to be dwelt upon.

Although this definition of "sexuality," as equivalent under certain conditions to "love," opens widely certain doors which had been closed, it must not be thought to imply an attempt to describe all the phenomena of civilization as outgrowths of the sex life. Such attempts have been made and may, from some standpoints, be of interest. But Professor Freud's purpose, as I understand it, is one based for the most part on practical considerations and on clinical observation. The practical need, in the study of a patient's motives, or of human motives in general, is to discover what *tendencies* they represent. It is not through observation of his *acts*, in themselves, that one judges of a man's character, temperament and temptations, so much as through his acts as expressive of his (often deeply hidden) intentions and desires. One wants to know not so much where he stands, on the above-mentioned line which stretches without break from the obviously sexual to the apparently spiritual, but from what source the emotions, tendencies and motives that underlie his (perhaps unexceptional) acts are deriving their force and nourishment.

haben sich durch Abschwächung des Sexualzieles aus rein sexuellen Begehrungen entwickelt, so rein und unsinnlich sie sich auch unsrer bewussten Selbstwahrnehmung darstellen mögen. Ursprünglich haben wir nur Sexualobjekte gekannt; die Psychoanalyse zeigt uns, dass die bloss geschätzten oder verehrten Personen unserer Realität für das unbewusste in uns immer noch Sexualobjekte sein können."

The adoption of this broader conception of the sexual has been criticised as misleading by various persons, and amongst others by Professor Janet, in his recent address before the International Congress at London. But I trust that the reasons above indicated may be considered amply to justify the course taken.

The bearing of these considerations upon the interpretation of dreams is particularly important. Men come before one another as persons doing specific acts, and the problem which presents itself is how to argue from these acts to the tendencies ("generic energies") which underlie them. A given act of social sort, which in ordinary

life might pass unnoticed, or be taken as an indication of civility or refinement (that is, of "sublimation"), is likely, when it occurs in dreams, to have a different meaning, and to be the symbol of far cruder desires. And one cannot fully understand these desires without being thoroughly familiar with the history of childhood in general, and — so far as practicable — with the childhood of the individual person with whom one is dealing, in particular.

One may say, as Dr. Solomon says, that this need not necessarily be so, and that psychoanalysts very often go astray in their interpretations of dream-symbolisms. Let us grant that this is true, but let us remember that in the end it is the patient who decides, both what the symbols mean, and whether the interpretations are applicable to him; and that it is to his advantage to learn also what the dream *may* mean. The change of temperament and character which should be the outcome of a psychoanalytic treatment is extremely hard to bring about. If a man's desires tend in inferior directions; if he is inclined to think of himself first, and to make or wish himself prominent, when he should be thinking first of his obligations to the community, this tendency is one which he can eradicate only by holding the better and the worse ideals constantly before his eyes. If he is earnest in his desire to do this, the discovery that some apparently harmless act, classifiable in ordinary parlance as a wholly justifiable form of "tender emotion," is in reality a sign that his thoughts are tending in objectionable

directions, may be a discovery which he should be glad to make, and he may find reason to be grateful to the physician who helps him to utilize some association which his dream suggests, as a means of making it. Even if we assume that it is stretching a point to say that the meaning which is arrived at was not contained in the dream, this does not really matter. A man's dreams are in his own hands, to be made use of for his own benefit, and he will surely find that *all* the thoughts and memories which they bring up are related, directly or indirectly, to those which form the hidden strata of his emotional life. A person's adult life is richer, it is true, than his infantile life. But it contains the infantile tendencies as ever present and ever active elements, and the time spent in ascertaining these will not be spent in vain. Dreams call attention, of course, not only to the weaker side of one's nature, but (at least by inference) to the stronger side. These latter indications should be acknowledged and sought out as one portion of the dream's meaning, but the other portion has also its profound significance.

It is possible that if no large and serious problem of practical therapeutics had been at stake, even the keen insight and the thorough, unbiased, Darwin-like, observational genius of a Freud would have failed to see the importance of seeking for a (partial) common denominator for all dreams, or common element in all dreams;¹ or, in other words, of recognizing that the reversions toward simpler types of longing which characterize all off-guard movements of our thought, *tend finally* (if only in part) *toward one common goal characteristic of our early years*,² which for special reasons is of especial significance.

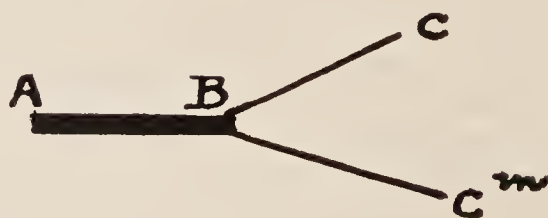
¹In view of the very marked divergencies of opinion of late years, and especially during the past year or two, with reference to these complex matters, it would not be safe to assume that this view is held by all those psychoanalysts who formerly entertained it. Even the standing of the sexual tendency has itself become a subject for discussion and difference of opinion (Adler, Jung and others).

²I should be inclined here, were it not for extending these remarks too far, to suggest the same supplement that I have suggested in other portions of this paper. I believe, namely, that the movements which take place in our mental life are always "ambivalent" (Bleuler), that is, that each movement in one direction contains, by inference, a tacit recognition of the fact that a movement in the opposite direction might take place. Thus, our reversions toward childhood are in reality relative only, and are tinged with a sense of conflict due to a recognition of a possible movement in the direction of sublimation. Here again Emerson's significant line, "The fiend that man harries is love of the best," comes into mind.

But, in fact, Freud's study of dreams came close upon his earlier observations with regard to the nature of the psychoneuroses and his discovery of the far-reachingness of "repression," and the force of the powerful influences which lead so many persons, when exposed to difficulty and stress, to disregard the summons of the nobler elements in their natures in favor of elements that might be called, in a sense, less noble.¹

It is this consideration of *practical importance* which, in my estimation, should lead us to rate the "sexuality" motive as more significant than the "self-preservation" motive, in the causation and analysis of the psychoneuroses, even though it may be true that the latter motive stands higher in the scale of importance as regards life as a whole. Schopenhauer's "*Wille zum Dasein*" and Nietzsche's "*Wille zur Macht*,"² have recently been referred to as lending powerful support to Adler's view, which seems to be also that of Solomon,³ and to a great extent that of Jung.⁴

The subject is an important and a difficult one, and could not be discussed thoroughly in short space or without reference to metaphysical considerations. I venture, however, to offer a simple diagram which may help to make my meaning (and Freud's, as I understand it) somewhat clearer.



Let the line AB represent the aggregate instincts or functions of infancy, without reference to the question whether they are best to be considered as multiple and

¹See Emerson's poem, "Days."

²See Freschl, in "*Zentralblatt für Psychoanalyse und Psychotherapie*," III Jahrgang, Heft. 10-11.

³See first page, and also the discussion given further on.

⁴See Fordham Lectures; publ. of *Journal of Nervous and Mental Disease*.

relatively independent in nature and origin, or as expressive of some primal life-force wholly or partially covered by such terms as *Urbido* or "*poussée vitale*." Let BC stand for the line of the sexual life (see page 46) and as connecting, eventually, its most obvious and gross features with its most highly sublimated features. Finally, let the line BC^m stand for the various outcomes of the personal development which tend in (practically) non-sexual directions, including those indicated as of prime importance in the publications of Dr. Adler.

Let us now suppose the question to have arisen, in what category one should classify some act of infancy — nursing at the breast, for instance — which, admittedly, while subserving some useful end, such as nutrition, subserves, also, the end of securing some sort of gratification to which the term "massive" might, for certain reasons, be applied. Should one call this gratification "sexual," with Freud, or "nutritional," and perhaps "pre-sexual," with Jung, or should one make it secondary to some attempt to assert the personality, with Adler (and Solomon?)?

What I wish to maintain is this: that our course in this respect should depend upon whether we are engaged in studying, *especially if for practical reasons*, the meaning of some act or thought which we suspect, or believe a patient to suspect, to have sexual connotations, *in his* (the patient's) *sense*, or whether our purpose is a different one from this.

In other words, if nursing is an act which naturally precedes various obvious manifestations of the sexual life, by virtue of yielding certain forms of gratification closely analogous to the obviously sexual, is it not both justifiable and desirable to call it sexual, provided it is the cruder, infantile manifestations of the sexual life which — for specific, practical considerations — we are under obligation to discover? And does the fact that this same act yields, also, a pleasure which might be called "nutritional," militate against the justice of this procedure?

All that Freud claims, as I grasp the matter, is that infancy contains elements which lend themselves — over and above their other meanings — to the classification "sexual," which for reasons of clinical science, — and there-

fore, "science,"—is of great practical significance. Does this oblige one to deny the value, for its own purposes, of the "self-assertion" explanation; and does the term "pre-sexual" help out the practical situation, even though it be of service in calling attention to other facts which may be of importance in their turn?

In brief, there would seem to be no reason why we should not agree to denominate as the most practically important motive leading to psychopathic illnesses, that one which patients themselves, during analysis, describe as the most important, and find to have played, practically, the most prominent part in their lives, as representing a great group of motives which are at once very strong and very carefully repressed. It is easy enough, of course, to discuss dreams at almost any length without touching on the sexual motive. Ambition and the maternal instinct (etc., etc.), afford ample points for study of quite other and often exceedingly important sorts.

Patients who are injudiciously treated, or who are at any given moment in a state of protest, are apt to feel, when they discover that the personal ambitions (for example) of which they find it so difficult to rid themselves, arose on the basis of some well-marked, and perhaps reflected, self-love (*and therefore sexual love*) existing and emphasized in infancy, that they are proving themselves to be sensuous persons in a gross or objectional sense. It is wholly unnecessary, however, that they should feel this any further than it is literally true. The line of evolution which every one must follow in the path from his animal nature to his sublimated nature necessarily begins with a certain sort of sensuousness, and ends logically in disinterested love. This sensuousness is the first step on an ascending scale, or ladder, and should be so regarded, unless, indeed, it has been retained unconsciously as something which the patient in question has cultivated too much, in and for itself. The patient's task is to learn to see his sensuousness in the light of his best self, and as having had a distinct and necessary relationship to his best qualities. But he must now learn to level his sensuousness up to the level of his spirituality, that is, to invest it with the spiritual significance of the good results to which it led, and not to

feel (unless there is reason for so doing) that his spirituality is to be read in the terms of his sensuousness, in any sense except the best.

It has long been recognized as a sound psychological proposition (a proposition made great use of by Bergson in his careful reasonings) that everything that a man does, or thinks, so far from standing alone, or having only a short history, has a history at least as long as the man's life. Not only does each act or thought of the adult rest, in part, upon the experiences of the child, in the sense that the boy is, to speak broadly, the father of the man; but the life of the man actually contains the experiences of the boy, as integral and (virtually) active elements of its own essence. What is still more important, *the kinds of reaction* which through early accentuation become characteristic of childhood, either remain (in their own form) characteristic of adult life, even to a degree of which the adult may be wholly unaware; or else become the parents of new reaction-tendencies in which the old are virtually embodied. I do not see how this proposition, as a general statement of fact, can be controverted; and, indeed, the actual evidence in its favor has become almost overwhelming. It is the old story of the bent twig growing into the twisted bough, but with the difference that the twists met with in the case of the human being are of kinds that occur the more readily, for the fact that as a rule they conform to certain developmental type which are very prone to show themselves.

In the majority of cases such influences are discoverable — or, at least, hints of their presence are discoverable — by adequate dream analyses; and in pathological cases it is often a matter of great importance to make a thorough search for them. This proposition is justified by the fact that in dreams the thought tendency approaches, relatively, the childhood and infantile types, *i. e.*, the "autistic" (Bleuler) type. This being so, the completeness of a dream analysis would seem fairly measurable by the amount of the patient's concealed ("autistic"; infantile) history which it brings to light. It is often admittedly difficult to carry the analysis of a dream beyond a certain point. But unless the whole

theory of repression is a mistaken one, it must be conceded that we cannot get even as far as we might if we leave the inquiry to the patient's primary judgment and good sense, even if aided by the primary judgment of the physician.

In summary of the foregoing, I would say: The longer and more elaborate analyses, so far from being the more liable to errors, are usually the soundest, and there is danger that by stopping them too soon one may be following in the footsteps of some of the older-fashioned boarding-school principals who advertise to "finish" at their establishments, the education of young girls.

The thinking processes of the child, although they contain the germs of all the best promise of his later years, are occupied, relatively to those of the adult, with sense perceptions, in which, of course, the inferential recognition of the best possibilities of his development also takes a part. The acts which the child does, and the sensations which he feels, have thus a multiple meaning for him. Nursing, for example, while it secures him nourishment, and is an act of self-assertion, gives rise to a (for him) peculiarly engrossing set of vague, but strong and pleasurable or — so to speak — "sensuous" feelings. Similar statements may be made of a large proportion of all that the child does, and all that is done to him, but far more of certain sorts of daily acts and certain sorts of sensations than of others, of those, namely, which are not at all or not wholly seized upon to serve some specific function of the personal or social life. Analogous multiple meanings and outcomes are attached to the earlier social relationships (that to the parents, etc.), as is well known.

The classification of these sensuous feelings as sexual is, I repeat, not the child's, but the adult's. But there the feelings are, name them as one will; and they certainly continue to play a large part in the form of craving, — highly prized but soon carefully concealed even from his conscious self, — amongst the emotional tendencies of the child's unconscious mind, capable of lending themselves as materials for his imagination to work up into fantastic shapes.¹

¹Cf. Bleuler's "*Autistisches Denken*"; *Jahrb. für Psychoan. Forschungen*, Vol. iv.

If it is true that dreams — like all manifestations of our adult mental life, but in peculiarly large measure — necessarily hark back in some sense to childhood, then the attempt to rehabilitate the period of infancy through psychoanalysis, by working over and recombining the hints which are half revealed and half concealed by the manifest dream elements, must be a procedure of great value.

The proposition quoted from the first page of Dr. Solomon's paper is, then, if conservatively interpreted, expressive of an important truth. But this statement is one which when understood should carry with it no unpleasant connotations. To admit the propriety of such connotations would be to bring an unjustified attack against the infancy of us all. It would be to place ourselves, who claim to be reasonable adults, in the attitude and on the level of the young child who, heedlessly and with extravagant exaggeration of reaction, turns his back on the period from which he (as he would say) has "escaped," and which he is glad rapidly to forget, although in so doing he denies some of the most important sources of his own strength and virtue.

It would be impossible to do substantial justice to the claims for sexuality as underlying the symbolism of dreams, without recognizing that this is a subject which no one approaches primarily without a mental protest on the one hand, and, on the other hand, a sense that complexes are being aroused which we would rather have left dormant. Unless the prejudices from these sources can be overcome, or, at least for the moment, set aside, it is impossible to expect scientific fairness. Dr. Solomon claims that these prejudices are inoperative in his case; but it is at least true that his article is not calculated to dispel such feelings from his reader's minds. For this reason, and also because of its importance, I venture to call attention to the following further considerations:

Some dreams are admitted by every one to be frankly sexual in their meaning, and when they occur they often inspire a sense of distress and self-accusation which is altogether out of reason, although there is an important lesson which they have to teach. Such dreams do not, however, stand alone. The symbolism which presents itself in them

differs only in degree from that present in the closely analogous class of dreams of which the latent meaning is so obviously the same as that of the first sort, that no doubt as to the proper classification of them can possibly be entertained. From these two groups one may pass by insensible degrees and through a long series of gradations to others where only an expert and willing eye can see the sex-significance of the signs and motives that the manifest dream structure offers, side by side, it may be, with "self-preservation" and other motives. In dreams, as in daily life, if the mind is secretly longing for a sensation or emotion of a sensuous nature, any symbol, the next best object or experience, will serve a turn.

From time immemorial, students of social psychology have called attention to just such meanings and just such transitions, as underlying social customs, the peculiarities of wholly "normal" conduct, of speech, of modes of dress, and art. The real ground for criticism lies not in the suggestion by scientific men of these facts and considerations, but in the overdrawn, if well-meant, conservatism of others, which makes them object strongly to their recognition. But the strength of this very opposition pleads for the importance of the facts. Our infantile tendencies and the sensuous instincts which we inherit from the animal species, to whose conflicts and efforts, foreshadowing our own conscious strivings, we largely owe our own good traits, *do* permeate our present acts and thoughts, and we should acknowledge this fact, and see what benefit we can draw from doing so. In the opinion of many able persons this benefit is great. Were it not for the attitude of half-unconscious prejudice to which I have alluded, it is certain that many of the criticisms now so freely brought to bear (ostensibly in the interest of scientific caution) against the attempt to trace the influence of concealed sensuous, or sex, tendencies and complexes in our lives, would never have been heard. Let any one consider the kindred attempt on the part of ornithologists, or botanists, for example, and recall with what keen zeal a bird or a plant, which apparently belongs to one species, is scrutinized for the presence of this or that hidden characteristic which might justify the placing of it in another category. The same tendency runs through

every department of science and of medicine, and is welcomed as a sign of promise, perhaps amongst the very men by whom a similar effort on the part of psychoanalysts is greeted with reproach.

What would one think, for instance, of a naturalist who should decline to accept a new classification of the sort just indicated, a classification involving, let us say, the assimilation of a beautiful flower, like the rose, with some — to us — ugly or insignificant or monstrous variety of the same species “because this might seem to imply an insult to the rose”? Yet it is certain that it is exclusively, or almost exclusively, a feeling of this sort which prevents many critics of the psychoanalytic movement from looking fairly at the evidence which leads another set of scientific men to trace, as partially explanatory of the symbolism of dreams, the evidence of emotions in the dreamer’s unconscious thoughts, based on considerations of a sexual nature, no matter how broadly construed, and although every other motive suggested finds welcome and acceptance.

This botanic simile is of value, also, for another reason. Does, or should, the attractiveness, even for us, of this or that flower depend solely on the qualities that please the eye? Is not — to the intelligent inquirer — the functional efficiency and appropriateness of the flower’s various parts often of such overwhelming interest that the question of mere external beauty becomes insignificant in comparison? Yet for what end do the greater number of these efficiency-characters exist? Surely to insure the successful operation of the great function of reproduction. Do not the rich colors of the flower mainly exist to serve this need? And do not the cravings in us which are denominated “sensuous” serve, *in part*, a closely similar purpose, especially in infancy and childhood, before language has come in to widen the interests of the child, and help him to bend his energies to other purposes? It would seem as if nature, always “so careful of the race” and jealous lest the pursuit of these new purposes should become too predominant, stimulated and over-stimulated, by such means as were at hand, the sensuous element in the feelings of the infant and of the child, in order to implant a tendency which nothing that tran-

spired afterwards should obliterate, but which on the contrary should become eventually blended with the purest sentiments of the most spiritual love.

Fortunately — but also unfortunately — the child first, and later the adult, learn to keep the primal tendency toward the cultivation of sensuous pleasures largely out of sight, but at the cost of leading a double life in this respect. If it were possible, at the beginning, and from the beginning onward, for each person to estimate with some accuracy how much of the feeling-tone which may be called sensuous was necessary for his development, and utilizable in the interests of real progress, and for marking and accentuating the various degrees of intimacy such as properly exist between, for example, close friends or members of the same family, our problems would be easier; for these demonstrations of intimacy and affection correspond to one form of what I mean by the admissible and useful element in sensuousness. But in practice this careful estimate cannot be made for infancy, and only imperfectly even for adult life. Every thoughtful person makes it, however, in some measure, and especially those who learn to safeguard themselves as well against the excesses of reaction from these feelings as against the excesses of indulgence. To do this is the task, also, of the patient who submits himself to a psychoanalytic treatment.

We cannot get the full value of our emotions except through feeling their tumultuous heave, and dimly admitting to ourselves that this heave has a power that might on occasions overwhelm us. It is for this reason that, over and above, and under the protection of, our conformity to conventionality in conduct and in speech, without which social life would be impossible, we stow away in our “unconscious” vast stores of connotations to our words and acts, that preserve in effect, without the sacrifice of a single atom of their power, the whole great series of the massive, engrossing sensuous feelings, of very varied sorts, which had filled such an important place in our lives since infancy began. These massive feelings correspond, on the one hand, to wholly desirable, instinctive strivings toward the realization of our functions as perpetuators of our species; on the other hand, to equally powerful and desirable strivings toward the realization of

our spiritual destinies as members of the community; while, finally, they represent the emotional excesses in which our finite natures tempt us to indulge, although a wiser insight might have enabled us to see that many of them existed only in and for themselves without tending towards progress, or actually as hamperers of progress, or, at best, as giving something of that sense of emotional heave above alluded to, which we seem so strongly to demand. These connotations are constantly present in greater or less amount, as accompaniments of all our acts, but vary greatly, according to age and temperament, and to other conditions not readily to be classified.

It might be well in some respects if we had two, or more, terms to express these different and somewhat opposing meanings of acts and words which I have classed as sensuous; but the states themselves merge into each other by such gradual shadings that only a carefully trained insight can determine where the desirable, the progressive element or tendency ceases, and the undesirable, in common parlance the "sensuous," element or tendency begins. The act itself gives little information; the important thing is the underlying tendency. In the case of infants, the act of nursing, which is sometimes more, sometimes less sensuous in tendency, is a striking case in point, but great numbers of others could be chosen.

To pass now, at once, to the instances cited by Dr. Solomon: How is one to judge, except by way of a thorough psychoanalysis, whether the emotions of "personal ambition" or the "maternal instinct," as they present themselves in the lives, and still more, in the dreams, of any given persons, are based wholly on desirable, or partly also on undesirable, sense tendencies? I maintain that the face-value evidence on this point, while sufficient for some purposes, is for others insufficient, and that it may be of great importance to learn what special color and emphasis these motives received when they first showed themselves in the self-absorbed days of childhood. This emphasis may not have been excessive; and thus there need not necessarily have been any considerable "sensuous" element or connotation (in the ordinary, social

sense of the word "sensuous") to be preserved through the medium of repression. On the other hand, the reverse may have been the case. There may have been a history of pronounced narcissism (or self-love, a form of sex-love), marked by many striking details and manifestations of some analogous history of other sort. Can one utilize the fact of the reappearance of these temperamental tendencies in dreams, as affording a safe criterion as to their "desirability"? Does the fact that certain recent waking-experiences of the individuals in question provided ample excuse for the recurrence in thought, and hence in dreams, of these tendencies, or the further fact that the dreamer in thinking over his dream comes at once on these apparent causes and estimates them as sufficient, secure to us the needed means of judging them to be so? On the contrary, a mass of evidence so great as to overwhelm all doubt of its validity, assures us that a given act or sentiment occurring in a dream is infinitely more likely to indicate a cropping out of desires that have an immature and sensuous meaning, in addition to its other and obvious significance, than the same act occurring in our daily lives. It would be easy to fill a volume with illustrations of this principle. A man may in daily life embrace his mother or his daughter, or may present them with jewels, or he may demonstrate warm affection for a friend, without exciting any one's suspicion of a double motive. But if he finds himself doing either of these acts in his dream life, an opportunity is afforded him for discovering a tendency more deeply planted in his nature than he had supposed, and which he may then be able to use profitably as a touchstone for his waking conduct. No one need put on a cap that does not fit, but the wise person, engaged in the difficult task of making the best of himself, neglects no useful lights that chance or study throws upon his mysterious "other self," for the outcome of whose promptings he has made himself responsible.

One other problem of special interest is brought up by Dr. Solomon's paper, which is closely akin to the general problem that has thus far been discussed. This is the problem with relation to the standing of the "self-preservation" motive, as it occurs in dreams, in nervous illnesses, and in the conflicts of our daily lives.

So far as I can see, and as I have already said, Dr. Solomon's general opinion in this matter coincides essentially with that which has been so ably presented in the course of a number of years past by Dr. Alfred Adler of Vienna, and has justly attracted much attention. One can, indeed, hardly read, for the first time, the arguments brought forward in Adler's "*Der Nervose Charakter*," especially after having been sensitized by the many interesting facts presented in his "*Minderwertigkeit der Organe*," without feeling, even if only for the moment, that the view is a sound one which claims a preponderant significance, over the sexual instinct, of the instinct of self-preservation and the tendency to maintain the "*Personlichkeitsgefühl*," at all hazards and against all comers, not only as accounting for our conscious efforts, but also as accounting for the deeper currents of our unconscious and repressed life, and, thus, for the principal manifestations of our psychoneurotic symptoms, our dreams, and our artistic strivings. This is, substantially, I judge, Dr. Solomon's thesis also, and while I admit its interest, I think it rests upon a misconception of the *main needs* of psychoanalytic treatment and analysis.

No student of this subject would be tempted to deny that the motives here in question play a strikingly important rôle, whether one studies them as manifestations of the conscious or of the unconscious life. When one subjects these two sets of motives, however, to a careful scrutiny, with references to the whole history of their relationship to human thought and conduct, important distinctions tend to show themselves. In the first place, "self-preservation" and "self-assertion" are, surely, not to be thought of except with reference to the personal relationships of one individual to other individuals, or to himself regarded as another individual; and there are practical reasons which, *under certain circumstances*, forbid us to overlook the sex-element in these relationships. Then — leaving to one side for a moment the mental status of the infant — it seems to me apparent that the tendency of the "self-preservation" motive is to detach itself more and more as time goes on, from association with the sensuously emotional, illogical, time-neglecting cravings (the reappearance of which in dreams forms — to

say the least — one of the cardinal features of these remarkable phenomena), and to form ever new and closer ties with the conscious, logical, willed processes of the mental life. The motives based on sense-cravings, on the other hand, typical as they are of the emotional tendencies of childhood, tend to bury themselves more and more from the conscious interests and attention, and — while retaining their supremacy perhaps in secret — show themselves overtly only during uncensored periods, when voluntary inhibition is relaxed; and, as stated, most of all in dreams. For dreams seek not only available materials but typical materials, to serve as ultimate representatives of the hidden wish. In other words, while dreams reveal all sorts of hidden, or half-hidden, or one-quarter-hidden wishes (including that of self-preservation, as a matter of course), *the final term of the wish-series*; that which all the rest in every case imply and lean upon as the secret source of their own greatest power, is the wish which most definitely reflects the sensuousness of infancy, and which thus represents best the “unconscious” of the adult.

The holding of this opinion does not prevent me from taking a somewhat different, and, as I believe, more satisfying view¹ of the ultimate needs of the situation. I shall not go into this matter here, however, further than to say that, in my opinion, both the instinct of self-preservation, and also the sex-instinct, are attempts at self-expression which are necessarily partial and imperfect, and which can be adequately described only in metaphysical terms.

The life of every individual is spent in dealing with internal mental conflicts and problems which find in manifold external forms a variety of more or less complete outlets. But this process does not march forward consistently, and on a single line, toward its end. In the history of society we constantly see new movements which hold out promises of great accomplishments, opposed by forces of a deeply-rooted, illogical, often sensuous and selfish, but often very useful and conservative sort. In the history of each individual likewise, the deeper-seeing observer may detect, at each moment, the signs of an equally intense,

¹See *Int. Zeitschrift für Aerztliche Psychoanalyse* I, 2, and the other papers above cited.

persistent and eternal contest between the deep, stable, retrovertive tendencies of the "natural man" and the expansive forces that make for a more spiritual life. One portion of this contest leads to a new stability and a better unity on a broader plane. Another portion consists in a useless struggle between real maturity and real immaturity; between excessive, and therefore repressed, sensuousness, and a rational disinterestedness; between the a-social or anti-social and the social tendencies. In the course of this struggle there is a constant tendency to relapse again and again into the toils of primitive desires that tempt us by a thousand subtle devices. The disclosures made by dreams, if properly understood, enable us to see through the disguises which these devices adopt as cloaks for the better fulfillment of their aims. But the task of unmasking is an infinitely difficult one. The earliest, most infantile wishes (later appearing as cravings) are at once the most important and the most deeply concealed wishes, and they are often best concealed when they take on the guise of innocent-seeming, obvious motives, amongst which the motive of self-preservation, maternal instinct, and ordinary ambitiousness are to be found. The person who is making a self-study should then learn to suspect these motives among the rest.

The brief statement of an actual dream may help to make clearer some of the foregoing statements. The dreamer is a lady of about thirty years,—happily married and with a somewhat delicate child of fifteen months,—who always had been considered, and had considered herself, as normal, strong, well-balanced, and helpful to others, until about a year and a half ago. Without going into her history, as, indeed, I should have no right to do, let it suffice to say that a series of considerable external troubles threw her into a permanent state of internal turmoil, and brought to light — or *caused* as she believed — a variety of tendencies, amongst which over-sensitiveness, extreme self-depreciation, and ideas of violence and hatred figured largely. This lady had always been ardently (though, she believed, not over-passionately) devoted to her mother (now, and then, no longer living), and in the wreck of her qualities, — as she in the ego-

ism of her distress, estimated the situation, — it seemed to her that she had entertained and retained this sentiment of filial love in a pure form, so much so that she felt that if any doubt was thrown on this belief, nothing would be left.

Furthermore, she did not believe that her childhood and youth contained any element of the sensuous, even in its normal form. In fact, many pieces of evidence showed to me that these beliefs were far too narrow, and that they were retained in part under the influence of an immature view of her powers and obligations. Her self-love craving is, I think, too strong.

Amongst the many interesting dreams which she narrated, there was one which she said had repeatedly recurred even before she came under my care. This was a dream in which she saw herself endeavoring distressfully to protect her mother from a large rat that threatened to attack her,¹ but unable to get to her assistance. Nevertheless, *to her eyes*, the motive of filial love was apparent and sufficient.

Later this dream assumed another form. The scene was laid in a *large and pleasant room where the patient and her mother sat at work*. Then appeared outside a bull, of evil mien, making as if about to burst into the room. The patient hurried her mother into a side room, where for a moment she seemed safe, and as she narrated the circumstances, she was well satisfied, in spite of the sequel, that the main, or only important motive of the dream was her protection of her mother, this time successful. In fact, the bull reappeared, and was about to make its way through the large window of the room, but now it was accompanied (as a sign manual of its meaning) by a calf. At this juncture the mother disappeared, and the patient found herself in bed, with the bull at her face, breathing on her and stroking her with its tongue.

It is unnecessary to inquire into the full meaning of this dream, but it must be plain to any one who has studied dream-interpretation, that its thorough mastery by the patient would be likely to place the complex nature of her relations to her mother and to herself in a new and important light, both as regards infancy and adult life, and to help her to a juster estimate of her present conflicts.

¹The similarity is noteworthy between this situation and that presented by the now famous daughter, father, and attacking serpent dream of Freud's early patient.

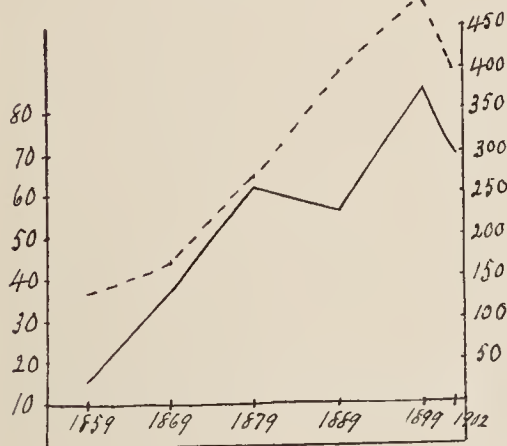
RECENT LITERATURE ON JUVENILE SUICIDES

BY LEWIS M. TERMAN

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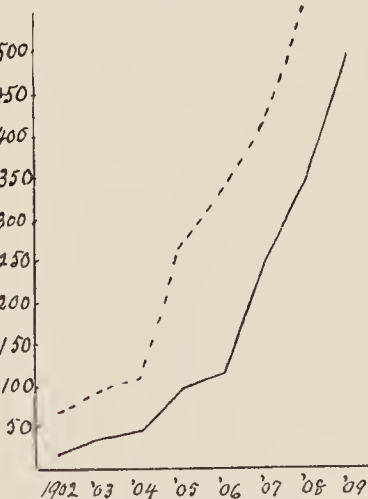
IN European countries the problem of juvenile suicides has been sensationally exploited in newspapers and numerous brochures for several years. The schools were so bitterly assailed as the causal agent that a few years ago the Educational Department of Prussia appointed a commission, composed of men of the highest standing, to make an investigation. The material gathered by this commission has been summarized and reported by Professor Albert Eulenberg, of the University of Berlin.¹ Recently there also appeared a notable book on "The Relation of Children's Suicides to Education," written by the leading criminologist of France, Louis Proal.² This was based upon the governmental statistics of suicides for the years 1839 to 1904, and upon a painstaking investigation of documents relating to individual cases.

Figure I



Showing increase of juvenile suicides in France since 1859. Broken line (numbered to the right) shows suicides of youths between 16 and 21 years. Unbroken line (numbered to the left) represents suicides of children fifteen years of age and under. (Plotted from Proal's tables.)

Figure II



Showing recent increase of suicides amongst pupils in Russian schools. (From Gordon's table.)

In France, juvenile suicides began their rapid increase

¹Albert Eulenberg. *Schülerselbstmorde*. *Zeit. f. Pad. Psys.*, 1907, pp. 1-31.

²Louis Proal. *L'éducation et le suicide des enfants*. Paris, 1907, 204 pages.

about 1860. The decade ending in 1870 gave more than double the number of the preceding decade. This was increased approximately seventy per cent in the decade ending in 1880, since which date the number has shown a further increase of fifty per cent, making a total five times as large as that of 1860. At present the children of France (sixteen years of age and under) are committing suicide at the rate of about one hundred and fifty per year, though the number is now slightly decreasing.

In Germany the situation is little better. The following table, compiled from the data furnished by Eulenberg, shows the average annual number of suicides of school children fourteen years of age or under in Prussia for the years 1883 to 1902, inclusive.

PERIOD	AVERAGE ANNUAL NUMBER OF SUICIDES 14 YEARS OF AGE OR UNDER
1883-1887	35.2
1888-1892	44.
1893-1897	41.6
1898-1902	46.8

In 1911, the number of suicides in Prussia under fifteen years of age had risen to eighty-seven, while the number between fifteen and twenty years was six hundred and eighty-three. About one-fifth of these were girls.¹

In Russia, suicide has become so common among school children that the State Department of Education was a few years ago forced to take cognizance of the evil by requiring careful investigation by the local educational authorities of every "school suicide," and a detailed report of the case to the National Department of Instruction. These reports are coming in at a constantly increasing rate, as is shown in Figure II, from Gordon.

It is generally conceded that the official figures are far below the actual facts, because of the well-known tendency of relatives to assign the cause of death to accident.

The sex differences are considerable, amounting in France to a ratio of three boys to one girl; and in Germany and Russia to about four or five to one.

¹Karl Wilker. Die Selbstmorde Jugendlicher. *Zeit. f. Kinderforsch.*, 1913, pp. 324-5.

As Meumann has pointed out,¹ all the available evidence supports the assumption that the problem exists with but slight variations in every country of the civilized world. We have no reason to believe the United States is an exception. It is known that for the American adult population suicides and crime are more common than in any country of Western Europe, and we are therefore probably justified in assuming that the proportion of juvenile suicides holding for European countries is equaled if not exceeded in the United States. If so, it would appear that the total annual number of suicides under sixteen years of age in the United States must amount to nearly five hundred, and that the total number under twenty-one probably exceeds two thousand. This is of course a mere guess, since no reliable statistics for this country are available.

Both Proal and Eulenberg find an astonishing proportion in the earlier years. Thus for 1897, the total of seventy-six suicides under sixteen years of age in France was distributed as follows:

Thirty-seven at fifteen years; twenty-four at fourteen years; nine at thirteen years; two at twelve years; four at eleven years.

Occasionally, suicide occurs as early as six or seven years. In general, suicides, like all forms of crime, are becoming more and more precocious.

The causes have been searchingly analyzed by Eulenberg, Proal and Chlopine.² From the lengthy table of Eulenberg showing the causes of 1,117 child suicides in Prussia, the following items, embracing the larger number, may be reproduced here.

TABLE 31

CAUSE	NUMBER OF CASES
Fear of punishment	336
Unwillingness to attend school	8
Fear of examination, failure on examination or failure of promotion	52
Expulsion from school	6
Mental work	2

¹E. Meumann. Eine neue Untersuchung über den Selbstmord in Jugendsalter. *Zeit. f. Exp. Pad.*, 1908, pp. 156-180.

²Chlopine. Über Selbstmord unter den Schülern der russischen mittlern Lehranstalten. *Zeit. f. Schulges.*, 1907, pp. 574-579.

CAUSE	NUMBER OF CASES
Other school causes	20
Corporal punishment at home or school	9
Unjust treatment by parents or teachers	26
Anger, obstinacy, etc.	13
Love affairs	21
Mental disease (insanity)	70
Melancholia	30
Morbid sense of honor	37
Excessive ambition	25
Causes unknown	321
Miscellaneous	141
Total	1,117

When we combine the causes which relate to the school, it is seen that the number exceeds one-third of the total. Contrary to common opinion, love affairs and insanity account together for not more than ten per cent.

Out of the above 1,117 suicides, Eulenberg was able to make a detailed case by case study of two hundred and eighty-four. The causes for these two hundred and eighty-four he groups into three classes, as follows:

1. Causes relating to the school 48%
2. Hereditary neuropathic predisposition 28%
3. Miscellaneous 24%

Here, also, overt mental disturbance was present in only about ten per cent of the total number, the insane group thus composing about one-third of the twenty-eight per cent with hereditary predisposition.

Proal's study of causes is qualitative rather than quantitative, and is based largely upon the "death letters" left by the unfortunate young victims. His book is a general indictment of school, parents and society for their injustice to childhood and for their failure to understand the childish heart or to see that it is moved by the same passions that stir adults to acts of violence — jealousy, anger, pride, ambition, sensuality even, and the desire for revenge.

That jealousy has been found one of the frequent causes should not surprise us when we consider the force and universality of this primitive instinct.

Anger is another precocious passion, especially with the nervous, hysterical child. Suicides of children are char-

acterized by less deliberation than those of adults and are therefore more likely to result from a momentary passion such as rage or the shock of sudden humiliation.

For obvious reasons illegitimacy of birth, parental desertion, divorce and family disgraces are frequent causes of children's suicides. This is perhaps the saddest chapter of all, though one that does not immediately concern the school.

Often the blame can be imputed to the excessive ambition of the child or to the false pride of the parents. The child begins his lessons too early, and from the beginning is stimulated to overwork. Evenings and holidays are devoted to study. If a certain degree of precocious success is attained, so much the more pressure is exerted. Parents who are themselves farmers or tradespeople are often overzealous that their children may occupy high stations. The children also come to look with contempt upon the calling and social standing of parents. If there is general weakness of health the child is likely to become a victim of pathological fatigue.

The plight of the moderately endowed child of a genius father is sad in the extreme. Badgered at home for his stupidity, subjected eternally to unfavorable comparisons, conscious that he is a disappointment to relatives and friends, such a child has little to make life worth living. Every situation that confronts him carries its suggestion of failure.

Other causes include cheap theaters, pessimistic literature, sensational stories, the newspaper publicity given to crime and suicides, and the dangerous suggestive effect of the suicide of relatives or comrades,—in other words, contagion, in the broad sense. Many are victims of hereditary deficiency which predisposes them to morbid excitability or to "fixed ideas." Alcoholism and venereal diseases contribute their part, and act both to poison the stream of heredity and to create an immoral environment. At the same time religious beliefs are constantly losing force as effective deterrents.

The statistics show that children's suicides are relatively more frequent in cities than in the country, and in large than small cities. All of the causes which have been

named operate more effectively the denser the population. In cities the emotions are more often excited, divorces and illegitimacy are more frequent, activity is more restrained, school life is more extended and more trying, poverty, alcoholism and venereal diseases are more widespread. Moreover, as Proal emphasizes, the country child has a thousand resources which tend by distraction to break the force of morbid impulsions: trees to climb, woods to wander through, flowers, fruit, sunshine, and best of all, wholesome occupations.

THE SCHOOL'S PART IN PREVENTION

Proal, Eulenberg and Gordon are in complete accord in placing a share of the blame for children's suicides upon the school. As Proal points out, the school cannot absolve itself of all responsibility merely by guarding against becoming the immediate occasion of the tragedy.

For the children of unfortunate heredity we need a pedagogy founded equally on psychology, physiology and neurology. The school should draw a lesson, also, from the recent advances in psychotherapy. Teachers, as well as parents, need lessons in mental orthopedics in order that they may be able to ameliorate conditions of morbid irritability, weakness, timidity, indocility, excessive pride, phobias, melancholia, obsessions and other mental abnormalities. The school must inspire self-confidence and teach children to succeed. It needs to train children in habits of healthful activity instead of cramming the mental storehouses with knowledge which does not function. Education, to be sure, cannot nullify the laws of nature or grant a new dispensation of heredity, but by taking thought it can build a tolerably solid structure out of rather imperfect materials. In all of this work sensible physical and mental hygiene will accomplish what penalties and restraint would be forever powerless to do.

THE INTERNATIONAL CONGRESS OF MEDICAL PSYCHOLOGY AND PSYCHOTHERAPY

BY DR. ROBERTO ASSAGIOLI, FLORENCE, ITALY¹

THIS Congress took place at Vienna, September 19 to 29, 1913. Some of the foremost practitioners of medical psychology were conspicuously absent, but those present represented varied schools and tendencies so that the discussion was very animated. The discussions, though leading to no definite conclusions or results, were far from useless, as they offered a clear and instructive view of the present status of medical psychology by bringing into sharp relief the dissensions which exist between the naturalistic and the philosophical minds, or the practical and the theoretical.

My impression was that many of the dissensions are due to the failure of reciprocal understanding, diversity of language and difference of psychological emphasis and perspective, rather than to fundamental and irreducible oppositions.

At any rate, the work of the Congress showed once more that medical psychology, because of the number and complexity of the problems with which it deals, and because of the importance of its practical applications, is entitled to constitute a discipline of its own.

This right was maintained with much energy by the president of the Congress, Professor Bleuler, in his inaugural address on "The Need of Instruction in Medical Psychology."

The chief theme of debate was the problem of repression and conversion. The lecturer, Dr. L. Frank, described the history of these concepts and pointed out the sense in which, according to him, they should be understood. Dr. Frank considers the manifestation of certain affective states as pointing out a process of repression into subconsciousness.

Professor P. Ranschburg spoke on the "Psychological Methods for the Determination of the Nervous Impulse in Normal and Abnormal States." After examining rapidly the various existing methods, Professor Ranschburg ex-

¹Reported by special arrangement with Psichi.

plained and demonstrated his own method, which is based on the homogeneous inhibitions discovered by him, *i. e.*, the absence of the perception of a given stimulus after an interval sufficient for the perception of some other stimulus.

Dr. A. Adler, president of the Association for Individual Psychology, founded by him, after his secession from Freud, delivered an important paper on the "Psychology of Infants and the Study of Neuroses." In this he took occasion to outline his original doctrines which are based upon a finalistic conception of psychic activity, and of life in general. Among the disciples of Adler, a great many of whom participated in this Congress, the following read papers: P. Schrecker, on the "Earliest Infantile Recollections"; C. Strasser, on the "Nervous Character, Disposition to Dipsomania and Education"; V. Eppelbaum read a study on "Association Experiments with Special Reference to Inebriety."

W. Stekel spoke on the "Psychology of Fetishism." According to him, this perversion is not altogether the result of a strong infantile impression; certain forms of fetishism have a very complex structure and contain important religious elements. In general, the conflict between the irreligious intellect and certain religious tendencies constitutes, according to Stekel, one of the most important factors of neuroses.

Dr. P. Häberlin, of Basel, could not attend the Congress, but forwarded a paper, which was read by the secretary, on "Psychoanalysis and Education."

Dr. von Hattinberg spoke on the "Psychology of Infantile Obstinacy," maintaining that obstinacy has its roots in certain unconscious tendencies, and distinguished various types of this trait.

Dr. L. Klages, in his paper on the "Theory and Symptomatology of Volition," outlined an original theory of will. According to Klages volition is something static, and is something that comes into play as an opposition to certain tendencies or cravings, which are dynamic. He distinguishes various types of will, external and internal, spiritual and theoretical, material and practical, and by means of numerous lantern slides he attempted to demonstrate that will is revealed through writing in very definite ways.

Dr. G. Kafka spoke on the "Relations of Animal Psychology to Physiology and Biology." He analyzed the criticisms that have been raised by physiologists and biologists against psychobiology and reaffirmed the scientific value of this discipline.

Dr. Winkler, a strong exponent of the philosophical psychology, and particularly of the philosophical psychology of his teacher Störring, spoke on "Synesthesia."

Dr. Frank read a paper, "Sleep and its Disorders," in which he demonstrated that the disorders of sleep depend upon disorders of atavistic life and particularly upon repressions of certain emotional states.

In the closed session of the society was considered, among others, the motion of Dr. Assagioli for the establishment of national associations of this society and it was decided to leave the final choice for the next place of meeting in the hands of the executive council.

Translated by Dr. J. S. Van Teslaar.

NOTES

At the fourth annual meeting of the American Psychopathological Association held in Washington, D. C., May 8, 1913, the following officers were elected for the ensuing year:

President, Dr. Alfred Reginald Allen, Philadelphia.

Secretary-Treasurer, Dr. L. E. Emerson, Boston.

Councillors, Doctors James J. Putnam, Boston; Ernest Jones, Toronto; Smith Ely Jelliffe, New York; E. E. Southard, Boston; G. Alexander Young, Nebraska, Omaha.

The Washington Society of Nervous and Mental Diseases have inaugurated their seventh session by re-electing last year's officers as follows:

President, Dr. Tom A. Williams.

Vice-President, Dr. W. M. Barton.

Secretary, Dr. W. M. Hough.

The society has a limited membership, but welcomes physicians and surgeons interested in neurology and psychiatry.

Inasmuch as the impetus for the teaching of psychology in the medical schools has come mainly from the psychopathologist, the American Psychopathological Association at its last meeting appointed a committee to consult and co-operate with the American Psychological Association, which had already appointed a committee to study the question and make recommendations. The committee appointed was: Dr. Ernest Jones, Dr. Morton Prince and Dr. Stanley Hall. An abstract of the report of the committee of the American Psychological Association will be found on another page.

At the last International Medical Congress held in London during August, 1913, the symposium on psychoanalysis had for its reporters Dr. Pierre Janet and Dr. C. G. Jung. The lively discussion which followed was participated in by Jones, Coriat, Forsyth, Williams, Frankl-Hochwart, Eder, Walsh and Berillon. An abstract of the symposium and discussion will be given in a later number of the JOURNAL.

There has appeared the first journal in English devoted exclusively to psychoanalysis, entitled the "Psychoanalytic Review." The journal will appear quarterly, and is edited by Drs. William A. White and Smith Ely Jelliffe. The scope of the journal will not only include medical psychoanalysis, but will be open to con-

tributions on psychoanalytic interpretations of folk lore, philology, art, literature, history, ethnology, history and pedagogy. The first number contains as original articles, "The Theory of Psychoanalysis," by C. G. Jung; "Psychoanalysis of Self-Mutilation," by L. E. Emerson; "Blindness as a Wish," by T. H. Ames; "The Technique of Psychoanalysis," by S. E. Jelliffe. There is also a critical digest, "The Paranoia Problem," by C. R. Payne, and a translation of "Wish-fulfillment and Symbolism in Fairy Tales," by Franz Riklin. Besides these articles there are translations and abstracts of foreign psychoanalytic literature.

There has been organized in Boston a psychoanalytic group to be called the Boston Psychoanalytic Society. The activities of the society are to be the various medical and cultural aspects of psychoanalysis. The officers elected were: Dr. James J. Putnam, president; Dr. Isador H. Coriat, Secretary.

BOOKS RECEIVED

MODERN PROBLEMS IN PSYCHIATRY. *By Ernesto Lugaro.* Translated by David Orr, M.D., and R. G. Rows, M.D. University Press, Manchester, 1913. Pp. vii and 305. \$2.50 net.

PSYCHOPATHOLOGY OF HYSTERIA. *By Charles D. Fox, M.D.* R. G. Badger, Boston, 1913. Pp. 437. \$2.00 net.

BACKWARD AND FEEBLE-MINDED CHILDREN. *By Edmund Burke Huey, A.M., Ph.D.* Warwick & York, Inc., Baltimore, 1912. Pp. xii and 221. \$1.40.

THE EXAMINATION OF SCHOOL CHILDREN. *By Wm. Henry Pyle, Ph.D.* The Macmillan Company, New York, 1913. Pp. 70. 50 cents net.

IMMORTALITY ESTABLISHED THROUGH SCIENCE. *By John O. Yeiser.* National Magazine Association, Omaha. Pp. 128. \$1.00.

STAMMERING AND COGNATE DEFECTS OF SPEECH. *By C. S. Bluemel.* G. E. Stechert & Co., New York, 1913. Two vols. 365 and 391 respectively.

VERBRECHERTYPEN. *By Hans N. Grubbe and Albrecht Wetzel.* Julius Springer, Berlin. Pp. 100. \$2.80.

HEILEN UND BILDEN. *By Dr. Alfred Adler and Dr. Carl Furtmuller.* Ernst Reinhardt, Munich, 1914. Pp. 399. \$8.00 (paper). \$9.50 (cloth).

THE PSYCHOLOGY OF LEARNING. *By Edward L. Thorndike.* Teachers' College, Columbia University, New York, 1913. 2 vols. Pp. xii and 327, and xi and 452 respectively. \$2.15 per vol.

DISEASE AND ITS CAUSES. *By W. T. Councilman.* Henry Holt & Co., New York, 1913. Pp. viii and 254. 50 cents.

THE UNCONSCIOUS. *By Morton Prince.* The Macmillan Co., New York, 1914. Pp. xii and 549. \$2.00 net.

THE BACKWARD CHILD. *By Barbara Spofford Morgan.* G. P. Putnam's Sons, New York, 1914. Pp. xvii and 263. \$1.25.

THE JOURNAL OF ABNORMAL PSYCHOLOGY

A CONTRAST IN PSYCHOANALYSIS:¹ THREE CASES

BY TOM A. WILLIAMS, M.B., C.M. (EDINBURGH)

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IT must be understood that in the elucidation of the cases here set forth, many more details presented themselves than are here set down. But unfortunately many of these escaped record, not so much from the absence of a shorthand transcription as from the fact that their elicitation demanded an amount of attention which precluded note taking.

Three cases are reported to illustrate my belief that (1) a complete Freudian analysis does not, in itself, lead to a cure; (2) that a cure may be affected without a complete analysis provided the analysis reaches the genetic difficulty, and (3) that readjustment may be accomplished without any reference to the sexual.²

CASE I. FAILURE OF PSYCHOANALYTIC PROCEDURE IN SPITE OF THE UNMASKING OF SEXUAL COMPLEXES

A woman, aged thirty, from Philadelphia, at the instigation of a Washington physician, came to consult me for what she described as "hell for eight years." She could not remain alone, and yet a crowd drove her wild. She felt like two separate persons. She is so discouraged she "feels she would give up and let the worst come." She fears herself to the degree that during the last year she must put out of the way any heavy object with which she might

¹Read before the American Psychopathological Association, May 8, 1913.

²On reading various accounts of psychoanalysis we cannot but be struck at the suggestions of cure implicit in the physicians' remarks. When the factors allegedly pathogenic are found early, the effect is apt to be small; but when a long time is required the summation of therapeutic suggestion inevitably tends to wear down the psychopathic habits and to effect what is called a cure, by the well-known process of psychological substitution so well shown forth in the work of the hypnotic school. What occurs is a reconditioning of reflexes by a series of hedonic associations in replacing the algedonic suggestion which had induced the morbid picture by a mechanism clearly described in my paper on "Affection and Ideation in Traumatic Neurosis." JOURNAL ABNORMAL PSYCHOLOGY, June, 1910.

kill some one. The misery in her head is such that she feels she must scream or knock her head against the wall. She fears she will become insane.

Physically, there were no abnormalities except that she had always been constipated, like her mother's family, but as a child she would not go to the closet unless made to; and this (for the benefit of the analerotic school), not because of any pleasure in postponement, but because she wanted to run away and play, a not uncommon sequence.

The history she gave was that eleven years before, during menstrual pain, she suddenly thought she might kill some one; and ever since she has been beset by this terror. When questioned, she recalled that the same thought had occurred when she was thirteen, while reading a story in a storm. She had been a great reader, and had eagerly followed the details of the Borden case, in which a girl was acquitted of the charge of killing her father and mother. This had not caused the patient any horror, although she was very imaginative. For example, while in bed, aged seventeen, the thought of spinal meningitis "almost made her feel her heels drawing up to her head." Her imaginings had generally been pleasant day-dreams until she was nineteen. Since then she has had only unpleasant thoughts. But a terrible maniac, in terror of death, whom the doctor took her to see in the poorhouse when she was nine, did not at the time move her. When about five, she was taken to see an insane aunt. At nine, she was heartbroken for the prince with whom she played Cinderella. At fourteen a girl at a picnic hit her in the back, which she believed would cause insanity. At eleven, she visited a poorhouse asylum, the horrible sights and odors of which impressed her only as curious. At seven, she learned from a schoolgirl of sex and birth, which she was told with demonstration was accomplished by cutting the mother's abdomen with a knife. At this time she was initiated into homosexual practices. As she liked the girl, she thought it nice to talk of such things later; she cannot remember the procedure. In recalling this, she suddenly recollected that when she was just over four, a terrible boy took her sister and herself into the yard, made them take off their clothes and parade before him;

she was terrified, and wanted to run away, as she felt it was wrong and she disliked the boy, and was frightened of him because he had threatened to cut off her ears. She did not tell this, as the exposure gave her much shame, as the aunt with whom she lived had inculcated excessive modesty. As she grew older she thought the birth story incorrect, and became very curious and talked much with other school girls about the matter; but it did not worry her very much. But when a boy exposed himself to her, she was horrified; for she was frightened of what he might do to her. But she wished to try, and so proposed to a small boy, who refused. At sixteen she fell in love with a fast girl of twenty-one; but her aunt found out what they were doing, and broke off the connection when she was eighteen. She was heart-broken, but later was disgusted with herself. Although she engaged in much sexual talk, she said that her dreams then were not of this subject, of which, moreover, she had no shame.

Latterly, she had thought much of a newspaper incident when a man had buried his fingers in a woman's neck and breasts, so that the next morning she walked over a cliff to destroy herself; and the patient wondered how she could be sane enough to have sense enough for that. Rape and such outrages, of which she read, seemed to impress her greatly, so that she ceased to lock her door lest her family might not be able to help her if some one came through the window.

She would have a vision, while falling asleep, of a rough, brutal, very large, skulking negro under the bedclothes, smothering the cries which she was too paralyzed to utter. This occurs in dreams, but she always gets help or stops the dream before the actual assault occurs. On other occasions she dreams of actual intercourse, but not with any particular person, although she knows it is not the colored man who comes while falling asleep. She is not ashamed of what are just dreams. She never imagines such situations while awake.

Her father, an invalid whom she rarely saw, had died a year and a half ago, and she grieved much for him, having a pain at the heart and a catching of the breath which lasted until she married. No significant associations could be obtained concerning him however.

As a tiny child of four they read to her "The Thorn Fortress," which described people hiding in a cave from soldiers, only going out in the dark; she was so afraid, she would not let them finish the story.

Dreams with this patient were the starting-point of many questions and associations. From one in which there was great dread of a railway trip alone, questions led to the confession, with much emotion, that she feared assault by a Pullman porter, and that the assault would be exceedingly cruel. This led to associations which made her confess a wish to be cruel, which she had fought against harder than anything, because her impulse to kill might get the better of her. She then admitted that she obtained a curious thrill from reading of violence. It was only recently that she had avoided this reading, because of the fear that its suggestions would overcome her scruples.

After these revelations, she appeared to thoroughly appreciate her sadistic tendencies, and that her terrifying dreams and her dread of violence were eruptions of this tendency. After the last conversation, she expressed herself much relieved, as she had previously been for half a day after revealing her homosexual practices. As she had to return home, I advised that the satisfaction of her repressed impulse might be secured by the co-operation of her husband, a tall, powerful, energetic man. She returned to Philadelphia, full of hope, to take a trip with her husband. After eight weeks she wrote me that she never in her life felt worse. I have heard on two occasions since that she continues to suffer as much as before, and is quite incapable of remaining alone.

CASE II. ATTEMPTED SUICIDE: PSYCHOGENESIS; THERAPEUSIS

It is my belief that when an idea is *directly* responsible for psychoneurotic symptoms, that idea is in reality susceptible of consciousness without special procedures, that is to say, the patient already knows it.

A farmer's son of twenty-two, after some weeks of moody behaviour, threw himself into a creek. He was quickly rescued by his brother, who reproached him severely. This did not deter him; for a few weeks later he swallowed

laudanum. This led to his removal to a sanitarium, where, after a few weeks, he crushed and swallowed an electric light globe. Later, he gained access to a medicine cupboard and again swallowed laudanum. So his friends in despair brought him to a doctor friend in Washington, who immediately asked me to see him.

Examination showed no physical disorder, but I discovered that there existed a serious psychological situation which no one had even suspected, much less attempted to penetrate.

The boy was so ashamed of himself, although still determined to commit suicide, that it was hard, from his whispered utterances, to reveal the facts from the analysis of which was furnished the very simple explanation of his distressing predicament.

To state the position briefly — upon this boy had devolved since the death of his father, the management of his mother's farm. But a younger brother had succeeded in interfering a good deal with our patient's plans, much to his mortification; and when also neighbors' meddling was acquiesced in by his mother, the situation became intolerable, as he had already failed in an attempt to work happily in another environment, which he tried for over a year. So that suicide seemed the only escape.

The manner in which the psychological situation was ascertained is best judged from a transcription of the questions and answers of part of the examination:

"What is the matter?"

"Stomach troubles; if I could get well I would be all right."

"Have you any pain?"

"No."

"Why are you then complaining?"

"Because my bowels do not work."

"Why take so much laudanum?"

"Because I think I should be better off if dead." To a further question, "If I could be cured I would be content."

"I could not stand being worried by my brother of nineteen, and my sister, who is twenty-four, and my mother. I want to go and work for myself. I should get on better."

(He had forgotten to mention his sister, and when she was mentioned he stammered.)

"They pick on me, for example, if I get up too early; and I always feel I could not do the things I want to do. But when I went to California, I felt uneasy even when working alone. I have been dissatisfied all my life. I do not know what my trouble is or what I have done different from any one else." To a further question, "I went to school."

"Have you done anything with which to reproach yourself?"

"No. I think there must be something wrong with my brain." To a further question, "The whole case is imagination."

"Why do you think so?"

"I do not know."

"Since when have you thought so?"

"Since four years ago, when neighbors would interfere with what I had done on the farm; for example, in planting the corn people would comment upon it, and my mother would take their advice and overrule my way."

"Why do you take it so hard?"

"Because I have poor judgment."

The inquiry was then pushed with regard to his relations with the opposite sex. He declared that he had liked their society, although he did not dance and was not "immoral," as he called it; but he confessed his bashfulness, and also that he thought girls were not worth spending so much money upon as was necessary; he did not think they were dependable, and he had decided not to marry because of seeing so much of married life; he had never cared for any particular girl, although he had often desired them, but had not the "face" to make advances toward what he thought to be wrong, as at school boys and girls had been separated; besides, the girls laughed at his timidity. Accordingly, he told the other boys that their indecent talk was wrong, and was laughed at for his pains and made still more bashful and ashamed.

However, he had dreamed of erotic situations, which made him feel ill; and he feared it would injure his health.

As a small child his dreams had been terrifying, such as falling and being killed, or being run away with by horses; but these had not troubled him since.

There had been no spontaneous diurnal emissions, but he had provoked them until he was eighteen, and had then ceased to do so, as other boys often teased him about it, and said that he would be impotent, as he had ruined himself; hence, he was very much ashamed.

INTERPRETATION

The failure of this boy to stand up for himself was due to his own shame at the onanism he had practised, and his fear that it was injuring his mentality, so that he was not able to stand up against other boys, by whom he was much teased; in consequence of which he withdrew from social life, especially where girls were concerned, and became taciturn and irritable.

He had to confess that if he could be well of what he thought incurable, viz.: "a hopeless mental inferiority which masturbation must have caused," he would be willing to live, and would like to work.

TREATMENT

He was assured, and examples were given him to show that he was quite mistaken about the effects of onanising; and he was asked to think over until the next day the explanation I gave him concerning the genesis of his shame and timidity, meanwhile promising not to attempt suicide until he had seen me again.

The next day discussion was resumed, until, in less than a week the boy could be trusted alone, not only in the hospital grounds, but in town. He went home in ten days perfectly cured, and has been at work and in good spirits ever since, now nine months ago.

The treatment was conducted in a general hospital; and the maximum of freedom was allowed the patient from the first, the greatest tact being urged upon those who nursed him.

REMARKS

It should not be necessary to point out that much of

what the patient said, about renouncing marriage, for instance, was a mere excuse for his own inadequacy and shame. But it is necessary to assert that the sexuality *qua* such was not the important feature in this case in spite of its conspicuous featuring in the history. The really efficient pathogen was incapacity of social adjustment, due to shame at his own failure in social adaptation because of the half-heartedness of his attempts, due to erroneous notions about the consequences of his conduct.

The patient actually knew all the facts; but from ignorance he was unable to interpret them. When their import was understood he learned to adapt in only a few weeks. The case is again an instance of conceptual error of which the affective situation is merely consequential, and spontaneously disappears upon rectification of false notions which produce it.

CASE III. CURE OF CHRONIC FEAR

Unless conscious, I believe that an "*idea*" cannot cause symptoms directly. Of course, the term *idea* here is used in its widest sense of a constellation of impressions, both rational and affective with their proper conative import.

One has no right to attribute to a subconscious state an idea now forgotten, which has in the past eventuated in habits of thought and feeling so inconvenient as to be called pathological. Even although the forgotten idea may be resuscitated by appropriate association, and even although its revelation may form the best starting-point for reconditioning of affective responses, and even although this reorientation may be the unaided work of the patient, yet the effective factor is the finding of the initial conditioning idea only in so far as it furnishes the most logical starting-point for psychological reconstruction, which is really the efficient factor in therapeutics, and is often effected without the finding of the exact mechanism of the pathogen. The following case is instructive in this respect:

A lawyer, twenty-eight years old, gradually withdrew himself from the society of friends, later denying himself to

all but one. He abandoned work and began to neglect food. At night he would pace the floor for hours. He looked haunted and ashamed. He twice took steps toward suicide. There is no need to enlarge upon a picture so familiar. Suffice it to say he is cured. He was most distrustful of the possibility of cure, as he had six months previously visited specialists who had failed to benefit him. As he described it, their procedure seemed to have been somewhat crude attempts at hypnosis, with suggestive assertions denying his symptoms and their cause, which he had declared to be a state of fear.

It was mainly in the presence of other people that his fear came over him; and he was much ashamed all the time because of this fear. It was quite different from the timidity of adolescence. As a small boy he was noted for his bravery, and would fight against the boys of the neighborhood.

The cause of his fear was unknown to him; and he believed it was hereditary, as one of his brothers was worse than himself and had become a wanderer whose whereabouts would be unknown for months at a time. The patient had been fighting against this fear at least since his college days; he had tried playing football to make him courageous, but without effect; and so, when he graduated, he plunged into a camp of rough lumbermen and took his part as a laborer with the rest. Six months of this gave him still greater admiration for courage, but in nowise improved his own. He then returned to civilization and plunged into his studies and office work, hoping to attenuate the fear which gripped him; but instead of this he gradually lost mastery, and after six years of struggle fell into the state in which he came to me.

GENESIS

After a physical examination which disclosed no important features except great loss of weight and a high degree of erythism, psychological exploration was begun by my stating to him that either he was, as he believed, a physical degenerate, or there was some psychological cause for his fear; in which latter case the discovery of that cause might

lead to the finding of a means for its removal and the ending of his fear. He was then told to search his memory for fear-bearing experiences in early life, but could think of none. Then period by period running back from his college days had attention turned upon it, until the patient recollected to have been morbidly fearful at each time; until finally he declared that he had always been afraid. He was then asked what incidents of his early childhood had particularly frightened him, and at first recollected nothing. Wild animals, darkness, fire and people were each in turn presented as possible factors. But it was not until the remembrance of a near relative was recalled that the key of the situation was found. It seemed that this individual's ideal of up-bringing was the hardening process, and that the theory he held was that every boy's moral welfare required the knowledge of fear. These two objects were combined in such a procedure as throwing the lads into the water while they were unable to swim, to fish them out only when they were going down almost breathless. In winter, a favorite method was to throw the boys while asleep in the morning into a bank of snow and snowball them home to the door. Another procedure was to chase the children with a stock whip from the front door to a tree in the distance. The result of all this was not hardening, but a breeding of chronic fear in these two lads. The patient's recollection of these performances reached back to the age of four. But he had completely put out of his mind these incidents, and indeed failed to take into consideration his cowardice as a young boy, believing it to have originated in the high school.

TREATMENT

When the source of the fear was discovered, the patient declared that he did not see how this knowledge would benefit him. It was then explained to him that his fear was merely a physical habit, and not an instinctive reaction. He was told that habits can be reformed if intelligent effort is employed, but that he was in no condition to begin reformation of habit until he had slept and eaten regularly for some days. When he objected that he had long since

given up narcotics, as he was worse than before taking them, he was told that I never found it necessary to give narcotics, that I should induce sleep without them and that after this he would be less unwilling to eat.

Accordingly, treatment was begun by my visiting him in bed and hypnotizing him into sleep. He slept eighteen hours, and then carried out the dinner program we had previously arranged. Hypnosis was performed three times in all, but not on consecutive nights.

In the meanwhile re-education was begun. To make a long story short, this consisted merely of a reconstruction of the fear situation of his infancy, and the pointing out of the non-necessity of the fear sequence which had occurred, and the insistence upon the possibility of reconstruction of his reactions toward himself and the world. Numerous instances of the dependence of emotion upon idea¹ were given; and he was instructed concerning reconditioning the reflexes as investigated by Pawlow and Crile; and he was shown the physiological perniciousness of the fear impulse.

He struggled with the situation bravely; but I left him alone after what proved too short a period, namely, four days; and he lost courage and began to relapse, until a friend drew my attention to the situation after a week. We then resumed relations, as he felt the need of help. After four more days of re-education, the tide turned, and he obtained control of his fear.

He celebrated the occasion by an impressionist account of his situation, from which I extract what follows:

"I've won! I've licked him! I've driven away the beast that was driving me mad. As soon as I knew just what he was, and why he came, I poked him with my finger and he busted. He's not gone entirely, he's crouched growling near by, waiting to jump on me again. And occasionally he gives me a twinge, such as some men get when passing a looking-glass. I laugh at it. I'm on my back no longer; I'm fighting,—I'm fighting now, and my battle's all but won. I wrote my last letter on Friday. Yesterday I had fun. I got up singing in the morning, dressed care-

¹"Rôle of Affectivity and Intellect in Traumatic Hysteria." Williams, in *JOURNAL OF ABNORMAL PSYCHOLOGY*, June, 1910.

fully and went down town. I ate my breakfast slowly, but made the waiter scurry. I roamed the streets. A week ago I slunk into a restaurant, because I was fearfully hungry, unshaven, unshorn and unkempt, and the waiters all laughed at me, and I hurriedly gobbled my food and crept trembling out again. I went back there yesterday and bullied the whole crowd. One of them came up grinning, and I looked him in the eye, and the grin changed to a smirk. I kept him standing waiting, while I read the menu through. And I said, 'Bring me this and this and that,— and Waitah, hurry! and don't you dare to not to do so always.' Ten days ago I sneaked up to the Sherman statue, by moonlight, and looked at the statue of a soldier, longingly, and wondered how he could be. Yesterday I walked up to him laughing, and wished I could shake his hand."

REACTION

It is over a year now since the above account was written, and the patient is now successfully practising his profession, and is still happy, not to say buoyant. At first, indeed, he was so expansive that I suspected a periodic psychosis, in which my intervention was a mere coincidence; but that that is not the case seems to be shown by the gradual subsidence of the extravagant behavior which the patient at first showed. Besides, another instance of still greater disturbance of this kind recently came to my attention wherein no such doubt could arise. It was that of a woman of twenty-eight, whose vision was restored by removal of congenital cataract. Dr. Reid Russell of Ashville, the operator, informed me that the patient's reaction was almost maniacal in her joy at her new sensations and at her unaccustomedness to the adaptations they required. So I interpret this young lawyer's extravagance of behavior to his incapacity at first to adjust himself to the new manner of looking upon the people who surrounded him, his former ever-present dread having being displaced by a disregard, almost contemptuous, with a consequent effervescence of the ego disconcerting to those who previously knew him.

INTERPRETATION

This case is an instance of:

1. An anxiety state induced by mechanism other than that postulated as essential by some psychoanalysts.

2. The induction of an emotional state directly from an idea.

3. The forgetting of the initial circumstances which induced the concept which governed the life so detrimentally.

4. The revelation of the initial circumstances by an analysis so elementary as to be no more than a particularly intelligent anamnesis, in that it neutralized scepticisms and antagonisms and proceeded with patience.

5. The failure of catharsis *per se* to alleviate the condition.

6. The need of re-education, that is, psychological re-conditioning, for the remaking of the mechanism.¹

It has been alleged that recovery of many cases I have reported is largely due to the personality of the operator; and some one might say the same concerning the two young men here presented. But, aside from the fact that I have never practised suggestive therapeutics, of which from the first I have been mistrustful, I entirely lack as an operator the authoritative or impressive manner which imposes by suggestion one's own ideas upon patients. On the contrary, the patients I see are often mistrustful of me at the commencement of their case, not only because they have failed to benefit under many previous physicians, but because of the extreme simplicity and entire absence of affectation, impressive appliances or studied effects in the consulting room. So it would be hard to see how any result I obtained is due to other causes than the ratiocinative enlightenment in which I believe.

SUMMARY

In this paper I make no criticism of the psychopathological doctrines of others;² I merely present three clinical facts. The first of these shows the complete therapeutic failure of the Freudian analysis of the anxiety state in which a homosexual woman's sadistic impulses were revealed.

¹The hypnosis used was merely incidental to secure sleep upon certain occasions.

²See "Transactions of International Congress of Medicine," 1913. Abstract of author's remarks to be published in full later.

The second case shows the therapeutic success of an explanatory analysis without any resort to the doctrines which imply subconscious mechanisms, and where the importance which might have been attached by some students to the prominent sexual factor was not accepted, and where an enlightenment not at all esoteric was in my opinion the predominate factor of cure.

The third case exhibits once more the power of enlightenment in an affective situation of which the patient was not sufficiently aware of the genesis, although his ignorance must not be attributed to any such mechanism as the facile psychology of the subconscious of which we have heard so much; for in this patient, too, although the pathogenic notions were not themselves activating, yet they had induced a psychological habitus, the affective element of which the patient had failed to overcome by indomitable determination over a large number of years; whereas it was readily transcended when understanding was given.

PROCEEDINGS OF THE AMERICAN PSYCHO-
PATHOLOGICAL ASSOCIATION, MAY 8, 1913

(Continued)

EVENING SESSION

The president, Dr. James J. Putnam, presiding.

Dr. Tom A. Williams, Washington, read a paper entitled, "A Contrast in Psychoanalysis: Three Cases."¹

DR. L. E. EMERSON, Boston: I note that the lack of success is due to a very natural misconception. The scientific theoretical understanding of the practitioner will not do the patient the slightest amount of good, unless it involve the patient's mind and come to the patient with an emotional feeling. That one can analyze and say that such emotions exist is perfectly true, scientifically, but such scientific explanations are of very little use therapeutically.

DR. SMITH ELY JELLIFFE, New York: I think that Dr. Williams has brought up some points for discussion more by imputation than by direct statement, and for my own self one attitude of the situation it seems to me is in great need of a thoroughgoing discussion. Like many another, I have had to treat a number of patients who were partly aware at least of their conflicts. They lay very obviously on the surface and in some respects quite analogous to the situation as just sketchily alluded to. Thus, in the first dream that I related this afternoon it was the patient's second or third dream in the analysis. She was twenty-eight or thirty years of age, and ten years previously had been married, but her husband had practically deserted her. She then went back to college, obtained an excellent education, then started out for herself and was making a fairly efficient compromise with the various life situations that come up, but as the result of natural forces and certain circumstances she still sought love, and sought it in the seven or eight little affairs of which I have spoken and which the dream revealed. These situations were natural love situations, and had gone on for the past ten years, but inas-

¹See this number of the JOURNAL, p. 73

much as she had never reached her ideal she came to me in a very much depressed condition, wanting to know just how to handle this. The learning of the actual details of the history was much facilitated by the interpretation of the symbolisms of the dream. These lay in the upper layers and were almost the equivalent of her waking thoughts. After nine weeks of analysis, once a week, when I began to piece together the dream symbolisms and to apply them to her particular conflicts, she rather naively said, during my much detailed statement, "Well, I know all about that myself." To a certain extent I had said nothing new to her. True, I had probably regrouped the material in a way that she had never done, and then the problem of transference came up very actively, because during the time of two months' treatment the transference was fairly well established upon me. I had become the legitimate ninth affair, if you will, and now this new situation bothered her a great deal because in her ethical and cultural attitude perhaps she did not wish to put me in that situation. This had to be discussed on the basis of the function of transference, and she saw how this same transference to me both established resistances and continued old phantasies, and above other things the floating libido, which up to the time she came to see me had gone here, there and everywhere, wherever men became a possible aspiration, if you will. "Here," I said, "you have one who expects much of you if you would deserve love, and you can't be untrue to my ideal of you and go off in phantasy with everybody else." From this broad platform she could see the point of view very easily, and with that compromise we went along very nicely, and from that time on the work of a more vital application of the libido which should get away from its more definitely somatic attitudes and place the aspirations and strivings on a distinctly different plane became easier.

Most of you here have had a number of cases of that kind, in which there are definite intercourse situations or masturbatory situations, and they all need to be handled in a frank manner. I well recall a masturbatory situation in which the patient pled with me that she might have some medicine which would quiet the conflict, a little bromide,

a little mixture of opium, when the impulse became so strong that she could not walk it off by going through the woods and traipsing through the rain and doing all the ordinary gymnastics, hydrotherapy, etc. I refused. I refused for very definite reasons, and I told her why I refused to give her such a thing. I told her that if I should give her a hypnotic I was false to my trust. I was aiding and abetting the phantasy. Instead of being a help I would become a positively noxious influence, and that if anything was to be done in the situation it was that she should grasp that particular attitude and not regress to the infantile by means of a hypnotic. She must awake to her task and stand up to it like a man. What should be her task? In discussing tasks the possibilities are very wide. At any rate she is making a compromise by teaching some children in addition to three of her own, and is commencing to get some light at the situation. I feel certain that that particular situation is well worth discussing, namely, the handling of the known more or less obvious and yet difficult adaptable situation. I have already said that transference is a very old thing, older than the Mosaic law, and Dr. Williams says he does not think it is fundamental. That is, he grants everything up to a certain point and then it is left without any further suggestion. If the transference means the flowing of the energy in a certain definite direction where aspiration can be stimulated, it seems a desirable thing to get it flowing in that direction. If I happen to be the person toward whom it flows then it behooves me to know what my attitude in the situation must be if I have the patient's good at heart. I am persuaded that another analogy is perfectly applicable. I cannot get away from my early training in chemistry and picture to myself in the process of psychoanalysis a very good analogy to quantitative and qualitative analysis. The laboratory methods of chemistry are quite like those of psychoanalysis. The estimation of the transference to my mind may be compared to the quantitative element in the analysis. Heretofore a qualitative analysis is perhaps all that we have been content to make. We stop with the diagnosis and then treat a term. We recognize the various elements, but what

particular weights they may have in the whole situation is left unprovided for. The careful handling of the transference by psychoanalysis is an advance in technique of great value.

DR. L. PIERCE CLARK, New York: To all of us who are recent converts from the old school, the query will not down: "May not the physician show the individual patient a scheme of sublimating his particular sexual difficulty?" I used to believe we should be very active in this regard, but I have been gradually persuaded that this is wrong psychoanalysis, and that we do great harm in imposing any great reconstructive scheme on the patient. I venture to say that a careful analysis of the results where a reconstructive plan is laid down will almost invariably show that the patient is ultimately really made worse by it, and he must rid himself of it as a working plan before he can finish the cure. I believe that any patient asking for help either shows the psychoanalysis is poorly or incompletely done, or there is a possible ineradicable defect in the patient. There is no doubt in my mind that only those who can make their own adaptations are really cured.

DR. ERNEST JONES, London: My own experience is precisely that of Dr. Clark's. When I was beginning the study of psychoanalysis it seemed to me that on the basis of an exact knowledge of the patient one should be able to formulate plans of work or interest according to which sublimation could be furthered. I am still inclined to think so in regard to children, both normal and abnormal, though less strongly than before, but with adults the more experience I have the less do I believe in the value of sublimating activities proposed by the physician, while the procedure has the very definite disadvantage of increasing the patient's dependence and retarding his real recovery. (I have dealt fully with this matter elsewhere, in a paper published in the *Zeitschrift für Psychoanalyse*, January, 1914).

DR. A. A. BRILL, New York: My own experience has been similar to that of Doctors Clark and Jones. I have long ago given up the idea of advising my patients what vocation to follow after they leave me, as it invariably turned out to be a failure. Professor Freud, in discussing the differ-

ences between hypnotism and psychoanalysis, makes use of Leonardo da Vinci's famous differentiation between sculpture and art, and states that psychoanalysts work *per via di levare*. When I undertake an analysis it is after I have fully satisfied myself that the patient is at least of average mental caliber. My task is then perfectly clear. Like the sculptor I am constantly taking off what should not be there, and thus leave the person as near himself as he can be. This of course is only possible if I follow the example of the sculptor who is always careful to select his material—the marble—before he starts his work on the statue proper. Michelangelo's masterpiece, "Moses," would look ludicrous despite the masterly workmanship if, let us say, a black streak should run through the face. If the patient is not defective in the first place, and the inhibitions causing his neurosis are removed he will need no advice, he will be able to adjust himself and know exactly what vocation he is to follow. If a patient asks me for advice I usually remind him of the analogy to sculpture and say to him: "We have now chiseled away everything, the statue is as perfect as it can be, and you will therefore have to take your place in the world and shift for yourself."

DR. EMERSON, Boston: The development of this discussion interests me very deeply because I want to add my agreement to what has already been said by Dr. Brill. I want also to refer to the practice of Professor Palmer, teacher of ethics at Harvard. Palmer said he had a great many men come to him for advice, and he would always give a few words of advice, provided the student first, not actually, but metaphorically, signed a paper not to follow his advice. Then he put the question as fairly as possible before the student as a problem for conscious solution and he had to solve it for himself. I remember very well when I went to him for advice on a certain iconoclastic end; he held up two pictures and said, "You can do as you please." I am perfectly sure that the remarks he made about advice are fundamentally true with regard to the psychoneurotic. A case in point is that of a patient on whom I worked for a long time, who, the minute the nurse's back was turned, stole a couple of tablets and dreamed all night of taking them and

thought all morning of taking them until ten o'clock when she threw them away. The tablets were bichloride of mercury. She was perfectly conscious of why she wanted to take them and that if she took them she would die. It was an attempt to get back to her mother, who is dead, an attempt to satisfy an infantile desire, and because it was conscious she was unable to commit suicide, but it does seem to me that there was a pretty close choice, a pretty narrow decision. An amount of poison was in her possession, which at the instant of a sufficient intensity of impulse would have been enough to send her out of the world. No ordinary advice would have had the slightest effect, but the patient herself in that concrete moment, dramatic, almost tragic, made her own choice between life and death. One can tell a patient, "If you choose death, choose it consciously, knowing *all* your motives."

DR. WHITE: I think this is such an important matter in psychoanalysis that I will say a few words about it, although I will preface my remarks by saying that my experience has been the same as that of Doctors Jones, Clark and Brill. The psychoanalyst sometimes gets awful problems placed before him for which he could not take the responsibility of offering a solution. A young woman came to me in a serious condition of depression, and having had twenty years of conflict had fully made up her mind that she would have to leave her husband, that she was in love with another man. She came to me to find out whether she should leave her husband. It was a difficult situation. I developed the situation psychoanalytically, and when we got through with our analysis of her love for the other man she found that she did not love him. She said "I know I do not love him and you have taught me." I did nothing but envisage the situation and then she knew what to do. Shortly after that she had a very delightful rebirth dream. We always have to realize that the intellect is not the thing that makes us know things of itself. There is no possibility of projecting upon the patient one's own standards of morality, religion or anything of that sort. A lady in transit came to me and said, among other things, "If I only had some great object in life, something I could give myself to unreservedly."

I said, "I cannot tell you what to do. We will go to work on the situation and find out what the trouble is." When we got along in the analysis, suddenly, after repeatedly asking me to define this object toward which she could give herself, she said, "I begin to see the light. I see now what you mean. I understand for the first time in my life the way I must go." I know of nothing more inspiring than the moment a patient says that they begin to see light for the first time in life. When they are in trouble and have a neurosis, if you can get the libido flowing out where there is the full world of reality waiting for it, you do not have to tell them what to fix it upon. They know instantly and absolutely, and they state it with the utmost definiteness. They have been born again and they so express themselves. In regard to the marble simile of Dr. Brill, he says one must always build the patient with the marble that they bring to us. One must learn to be all things to all men. If a person is a Catholic, for example, and has Catholicism ingrained, one cannot save that person by any other religion, if the person is a Jew we must save him without turning down the Judaism. If the conflict is a religious conflict you cannot impose upon the patient your own standards, religious, moral or otherwise.

DR. EMERSON, Boston: The technical side is interesting. Is not the case quite different in the case of students who have consciously ethically fallen, from the case of psychoneurotics where the psychic conflict is a drawn battle, with symptoms instead of acts? Therefore, so far as the psychoneurotic is concerned you have not got to overpower his evil tendencies so much as you have to open up the situation mentally. That is usually sufficient to enable the psychoneurotic to control his evil impulses, if you want to call them that, or lower impulses, whereas the student has more or less consciously chosen evil. They have done things and later on they are remorseful. Therefore, it is almost purely a conscious situation, and in so far as it is an ethical situation the give and take of discussion to help the pupil find out what he is really interested in might be regarded as a partial psychoanalysis.

DR. JAMES J. PUTNAM, Boston: One of Dr. Emerson's

remarks reminded me of one of the quotations which Dr. Jones put at the beginning of his interesting collection of essays: "It is impossible to tell the truth so that it shall be understood and not believed." I think that is of interest in relation to what I was saying this morning about the freedom of the will, as contrasted with apparent determinism in the old sense, but as tending to produce uniformity. If one's desires and one's intelligence were both perfect, one's conduct would invariably be in conformity to the best mental laws and yet free. Those who dispute this fail to distinguish between a practical liberty and a logical liberty. Practically a person is free to take the poison that is in his hand. Logically he may be unable to do so because he is bound by the restrictions of his own personality. He has become such a person that his desires tend to make him do the thing which is best and only that. Thus, his freedom still remains, although he may appear to be bound. I do not see why we should make this sharp distinction between psychoanalysis and education. If, by conversing with our patients and bringing out *their views* on subjects which are ordinarily supposed to lie outside the topics of psychoanalysis proper, we can enable them to develop themselves and to get into a more sublimated frame of mind, why then we accomplish something more for them and make the choice a great deal easier. It seems to me the psychoanalyst is under a certain obligation to sublimate himself and not alone to analyze himself. He should eliminate vigorously his repressed conflicts, but should also sublimate himself as much as he can, and should encourage mental and moral growth of a sound sort in his patients, but always under the condition of insisting on the same vigorous self-scouting that has made psychoanalysis what it is.

DR. TOM A. WILLIAMS, Washington, D. C.: It is very enjoyable to feel that we are very much in agreement in certain points; but I do not know that this is a fruitful way to prolong discussion while so many differences still exist.

My last case was related as a good example of how the patient can cure himself. The patient elaborates from certain clear notions of the situation to which he is helped by the physician, and then acts in conformity therewith. The

man left me on the last day on which we had this free talk, and forthwith spent twenty-one hours in affairs which he had not been able to conduct for many years.

The case of suicide was handled differently. After analyzing one and one-half hours, I asked, "Well, what do you think about it?" The answer was, "I want to get well."

I quite agree with Dr. Emerson in regard to the first patient. I think that as may be the case with that type of patient, a purely intellectual abstraction was not grasped; and the conative situation remained as before. Although I did not see the patient again, I felt pretty sure she had not grasped the situation, and tried to get her back. In other words, analysis required a complement — re-education.

I quite agree with Dr. Putnam that there has been much confusion between the different types of neurotic disturbance. For example, in the case of masturbation, Number 2, with depression due to shame, one of the necessary factors in the cure seems to be the patient's enlightenment as to the real effects of masturbation as against those he has imagined erroneously.

The patient seeks a certain amount of information, which in this case is found for him by the physician.

In regard to the main problem, it is always one of re-education. All psychoanalysis is re-education of the patient. I use the word education, not in the sense in which it is commonly and carelessly used. When one remembers that even pedagogues forget their doctrine from the insistent necessity of imposing knowledge upon instead of educating their charges, one cannot wonder that the man of medicine should fail to do it to his patients; and I am refreshed to hear the unanimity of opinion of how this society refrains from that attitude of imparting or instructing *ex cathedra*. Even Dr. Jones tells us that he no longer adopts that attitude towards the patient. That is indeed a victory.

With regard to the manner of re-education, there are certain patients who are capable of autochthonously restating their position, of clarifying their conflict by means of some painful situation or some light which comes to them. One case I may cite was that related by Flournoy (abstract,

JOURNAL OF ABNORMAL PSYCHOLOGY, 1910) of a young woman, who after trying and failing to formulate her difficulties, eventually did so by means of an hallucination. Many effect a clarification of their mental conflicts by writing letters to a friend, or in the more introspective type, through meditation. But there are many people who are unable to clarify their difficulties in that way, and in whom the clarification through psychoanalysis by another person's help is necessary. I have regarded the aim of psychoanalysis as a durable clarification by the patient himself.

It may be contrasted with the clarifications of dogmatic theology through priests and presbyters. The director of conscience of this type is a person who guides the patient *in lines he imposes*; and it is necessary for the patient to remain under his influence forever.

We have gone beyond that stage, and feel that when our patient is cured, he can permanently dispense with our help.

Concerning the way in which I consider the effect of the relation of patient to doctor, I regard the affectivity as not the essential consideration; it only makes possible the assent. The patient will not, of course, be helped by lack of antagonism or lack of sympathy; but effective rapport must be followed by the re-education of the patient, which cannot be secured *except by an intellectual effort* on the part of the patient. It is, at bottom, the change of an intellectual attitude. We have had examples of that in our own lives in the assent of the individual toward an intellectual instead of an easy-going life. There is an attitude of inhibition or of assent to that with which the patient is out of or in sympathy. There is another parallelism in the cases of college students struggling against the erotic, cited by Dr. Hall. It seems to me that whether the man "falls" or not, the situation is in principle the same. For although the man has fallen, he still struggles; or otherwise he does not come to Dr. Hall. He is really in the position of a man still in conflict, even although he may have several times lost his struggle. The fall is merely incidental.

The pathogenic situation in many such cases, it seems to me, is very often reactive of a morbid fear that such

patients have of introspection. They try to avoid thinking of their morbid state, believing it makes them worse, and often so advised by doctors who are unaware of its importance. Then the analyst merely directs and compels introspection, by which the patient learns himself the pitfalls to avoid.

I regret that some of my points were not discussed, as the paper is somewhat in the nature of a gauntlet thrown down; and categorical opposition was strongly desired to bring the issue squarely before psychopathologists.

The word contrast in my title refers to the consideration, which the paper attempts to show, that therapeutically the means we are exhorted to believe the most powerful, if not a *sine qua non*, viz., Freudian analysis, may completely fail even when the mechanisms postulated by Freud are extensively revealed, so that "catharsis" may not produce cure at all; whereas in other cases, the fact that the Freudian mechanisms were not found did not hinder a complete cure by the ascertainment and mutual cognizance of quite other mechanism than we are asked to believe essential for the production of psychoneuroses. In contrast with the failure of Freudian sex analysis *à outrance* is the success of pure psychoanalysis, *i. e.*, analysis without the complications of the *shibboleths* which have grown around the word in certain minds.

“ON ‘THE ANALYSIS AND INTERPRETATION OF DREAMS BASED ON VARIOUS MOTIVES’ AND ON THE THEORY OF PSYCHOANALYSIS”—REPLY TO DR. JAMES J. PUTNAM, WITH CRITICAL REMARKS ON THE THEORY AND PRACTICE OF FREUDIAN PSYCHOANALYSIS

BY MEYER SOLOMON, M.D., CHICAGO

DR. PUTNAM has very kindly permitted me to read, before publication, his remarks on my paper, entitled, “The Analysis and Interpretation of Dreams Based on Various Motives,” which appeared in the June-July, 1913, number of this JOURNAL, and has courteously invited me to write some further comments *à propos* of this subject, with special reference, I take it, to his friendly criticism of my paper.

At the outset I wish to state that the problems touched upon by Dr. Putnam, and the fields of thought and speculation opened up before one’s eyes by a consideration of his paper, are too momentous and too difficult to discuss at all adequately in this paper, if indeed I were in any way capable to competently discuss or solve them. Dr. Putnam leads us back to the veriest fundamentals, to the great problems of the origin and nature and classification of feelings, of instincts, etc. I shall, however, of necessity, briefly touch upon these problems in this paper.

I. GENERAL PRINCIPLES

I do not intend to present a systematic, critical review of the Freudian theories, but rather to follow Dr. Putnam in his argument and to offer certain critical remarks on his paper.

Before going further, I wish to lay down two very important principles, both of which have a distinct relation to my later remarks, and have a decided bearing upon the Freudian theories.

1. *Man has a universally polymorphous perverse psychophysical predisposition.*¹

¹ Paper with this title in preparation.

2. I believe in *the theory of psychophysical progression, fixation and regression along evolutionary and developmental lines*. This theory, it seems to me, affords us a pathway by which we shall be enabled to explain and understand normal and abnormal conduct, physical and psychical. I shall not further develop this theory in this paper, except to state that the law of adaptation and of self-preservation in the most convenient and desirable manner under the existing circumstances, whatever they are, this generally taking place along the lines of least resistance, conditions our method of reaction and defense. Dependent upon our instinctive make-up and our stage in evolution and development, the tendency toward physical, psychical or psychophysical progression, fixation or regression along evolutionary lines is initiated by a very slight or a very intense physical, or psychical, or psychophysical impression; likewise the degree and tendency of the reaction, and the regularity, rapidity and duration of the regression (dissociation), progression or fixation are determined by nature and nurture on the one hand, and the stress and strain on the other hand.

I would therefore approach the study of human conduct from the biologic and evolutionary standpoint. I would extend the biologic from a purely mechanistic to a dynamic viewpoint. This should apply to all physical or psychical processes or activities.

II. GENERAL CRITICISM OF FREUDIAN CONCEPTION

I may mention here that the Freudian school have endeavored to explain all human conduct from a psychologic conception. They began at the top of the inverted pyramid and have gradually been forced to descend lower and lower from the base to the apex of the pyramid. They have, however, continued to cling tenaciously to the psychologic conception as all-sufficient and all-explanatory; but in their praiseworthy efforts to carry out to its ultimate conclusion their genetic concept of human tendencies and human activities, they have finally been forced to give a biologic and racial connotation to certain terms which originally, I am convinced, for them as well as for the rest of us, had a purely

psychologic and individualistic meaning. Their use of the terms libido, sexual, psychical repression, psychical determinism and others are especially noteworthy in this respect.

The Freudians have, as I believe, carried their individual psychology to the bursting point. They have frequently forgotten that each individual is also a member of the human race, and that physiological and biological processes cannot, at least not always, be explained from a narrow, purely individualistic standpoint, let alone a psychologic one. Individual and racial psychology must be combined. The dynamic and mechanistic viewpoints are supplementary. The failure to appreciate or to apply this principle has led the Freudians to believe in the rigorous application of the theories of the conservation and transformation of mental energy (as mental energy), of psychical determinism, of psychical repression, of the significance of resistance to the association tests and of amnesia, of the conception of sexuality, of the employment of fantastic, ill-founded symbolism, of the theories of conversion, of the unconscious, of narcissism, etc., being carried to the extreme.

With this general criticism of the Freudian theories, let us next consider the subject of dreams.

III. AUTHOR'S CONCEPTION OF DREAMS

Perhaps it would be best if I here specifically state some essential points in which I differ from the Freudian school in my conception of the meaning of dreams. Here I will be very brief, merely noting the chief points of difference, which I discuss somewhat more fully in an article elsewhere.¹

1. Although the law of determinism is universal, the Freudians misuse their idea of psychical determinism. In viewing mental tendencies and activities from this standpoint we must include not only our infantile (superimposed upon which are our childhood and adult) lives, but also our phylogenetic and ontogenetic — our evolutionary — life-histories. In other words, our inherited in-

¹"Interpretation of Dreams Based on Various Motives." *International Clinics*, Vol. IV, Series 23. December, 1913.

instincts are basic and are the nuclei about which our mental lives are built.

2. Experiences centered about one or the other of our instincts are not necessarily of great intimacy or significance to the individual; nor are the earlier experiences necessarily related to the later as cause to effect—although, of course, both this intimacy and cause-to-effect relationship may exist—except that they are, so to speak, strung along the same instinctive line and are related to a reaction determined by a particular instinct.

3. During sleep, certain ideas, resulting from internal association and also from peripheral (somatic and external) stimulation, may appeal, more or less strongly, to one or the other of our instincts.

4. Centered about these instincts, our mental make-up, our life-experiences play their part in dream content and dream formation—in the interpretations of certain sensory experiences and in directing the trend and content of our ideas.

5. "Wish-fulfilment," even in a broad sense, does not adequately describe the tendency of all dreams. It is the demand for self-expression, not necessarily conscious, but also unconscious, instinctive and biologic, which is at the basis of all dreams as of all other human activities, physical and psychical.

6. Dreams are not, I believe, at least fundamentally and essentially, the result of an intrapsychic struggle between desire and repression. In other words, I do not believe in the Freudian conception of the formation and function of dreams which would make dreams a compromise between the endopsychic censor and the desire for wish-fulfilment, this compromise consisting in the transformation of the latent into the manifest content of the dream, symbolism being used very freely.

7. On the other hand, as we all know, sleep, biologically and evolutionarily considered, is a complex instinct—a biological defense-reaction against the possibility of fatigue and exhaustion (Sidis). It is a method of adaptation, allowing for repair and recovery. This biological reaction is necessary, it is plain, for the self-preservation of the in-

dividual. In sleep, therefore, we have resort or regression or reversion to a state physically and mentally lower in the scale of evolution.

8. Sleep, varying in degree, is accompanied by a certain degree of consciousness, also naturally lower in the scale of evolution.

9. The state of consciousness during sleep, biologically ordained, employs, during its activity, the mental material at hand — the past mental content plus any somatic or external stimuli.

10. The mental processes in sleep are natural for that grade of consciousness or mental evolution. Thus we find that creative activity is slight or absent; there is regression to past (adult, childhood and infantile) experiences and tendencies; and the play on our emotions and instincts is marked and free.

11. Some dreams make a direct appeal to one or the other of our instincts or have to deal with certain definite experiences centered about this or that instinct or instincts.

12. In other cases, where the appeal to our instincts is not especially direct, strong, selective, intimate or individually significant, association and flight of ideas may be marked, rapid, superficial and quickly changing. Intellect, critique, correct interpretation, etc., are below normal. The mental mechanisms may run riot. Our emotions and instincts may be freely played upon, discriminately or indiscriminately. The law of chance or probability, as determined by general, universal or typical experiences of the past, with anticipation of some ideas and retardation of others (resulting in fusions, condensations, etc.), accounts for much of the kaleidoscopic pictures of many of our dreams.

13. Not only our infantile but any of our past experiences grouped about our instincts, may form the basic foundation of the dream.

14. Any of our instincts, individually or severally, may be the source of the content and direction of the mental processes of the dream.

15. When the dream is of a sexual nature, it is as a rule frankly and not symbolically expressed. When the sexual tendencies or activities are symbolized in dreams,

this symbolism is relatively direct, clear and simple, generally corresponding to the normal feelings, tendencies or activities of the individual.

16. Incestuous, bisexual and polymorphous perverse sexual tendencies do not play any particular rôle in dreams; and when they do, they are expressed not in a far-fetchedly symbolical but in an open, more or less directly symbolical manner, and usually but not always indicate the normal, waking tendencies or activities of the dreamer.

17. In other words, I disagree particularly with the conception of rigorous psychical determinism, psychical repression, sexuality and symbolism as elaborated by the Freudian school in the explanation of dreams and of other mental states.

I would insist that sleep is a biological defense-reaction against the possibility of too great fatigue. Likewise the mental state (including the mental processes) characteristic of sleep is not primarily a psychological defense against the possibility of our unconscious tendencies and ideas coming to the surface, but it is a biological, instinctive reaction of the organism against this same possibility of exhaustion. The instinctive tendencies, and the past, infantile and adult, experiences are naturally — not necessarily by release of the censorship action over repressed tendencies or ideas, but by a natural, biological regression¹ to a mental state lower in the scale of evolution — brought into play. Psychical repression may, however, play an accessory, and frequently very prominent rôle.

It is obvious, then, that my conception of the meaning of dreams is somewhat at variance with the Freudian theory of dreams. I accept almost all, but not all, of the mental mechanisms exposed by Freud and his fellow-workers, but I differ in their application. The mental mechanisms are the same for dreams as for other mental states. It is the degree of intelligent, critical, purposive and selective use of these mechanisms which varies.

Each of the above-mentioned points of difference of opinion can be considerably dilated upon and discussed at

¹There is much to be said in favor of the argument that regression is dependent upon biological repression during ontogeny and phylogeny.

much greater length, as indeed they should be, if a proper consideration of the questions involved is to be obtained; but, of course, this cannot be done here. I have simply laid down the general principles.

IV. REPLY TO GENERAL CRITICISMS

I wish to assure Dr. Putnam that when I use the term "Freudian," I do not carry in my mind, as perhaps some others do, any "half-concealed sting or slur." "Psychoanalyst" is, of course, the broad term which includes all possible schools of the psychoanalytic movement. Nevertheless, not all psychoanalysis is Freudian psychoanalysis. On the other hand, the Freudian school of psychoanalysis has, indeed, developed a special method and a certain standpoint in psychoanalysis which is specific and is worthy of being called "Freudian," after its illustrious founder and leader, Sigmund Freud, for whom all psychoanalysts must entertain the greatest respect and to whom we should all appreciate that we owe a debt of deepest gratitude and most heartfelt thankfulness for the stimulus which he has given us, for the work which he has done, and for the psychoanalytic movement which he has launched. Nevertheless, the theory of rigorous psychical determinism reaching back to infancy and early childhood, and the conception of, or rather the general tendency toward the advocacy, at times by implication, of the individual intimacy of these experiences and the cause-to-effect relationship of early to later tendencies, the conception of psychical repression as underlying all mental processes not clearly conscious, the special sexual (incestuous, bisexual, narcissistic and polymorphous perverse sexual) theories with their extensive application (dreams, psychoneuroses, myths, therapeutic suggestion, etc.), and the employment of highly complicated symbolism, besides the dynamic viewpoint and certain mental mechanisms which have been elaborated — these form the stronghold of the Freudian movement. And so, those who believe in the basic principles, both as regards mental processes and mental content, of the Freudian psychology, though by no means, to be sure, to be thought of as "servile imitators," can and should justly be called "Freudians."

With respect to the reasons why I went no further than I did in my attempts to analyze the dreams in question, I may say that I felt, and now feel, that I went as far as I could conscientiously and reasonably go. To have gone further would have meant, as I see it, an entrance not only into the borderland but rather into the very playground of speculation and theorization, which, in the cases reported, was entirely unfounded. This I wished to sedulously avoid. Moreover, there was, it seems to me, no need to extend the analysis any further. The explanation was obvious, and, so far as I could and can judge, correct.

The fact that I stated that the object of my paper was to combat the view that sexuality was at the bottom of all dreams should not lead one to conclude that I was prejudiced — blindly and perhaps also unconsciously, because of that self-same resistance, repression, rationalization, etc., which the Freudians, at times rightly, at other times unjustly, find present in others. I stated what I believed to be true — a conviction, after due deliberation and reflection. When I first began reading Freudian literature I studied it not only willing but even eagerly inclined and ready to believe. And, now also, I would be willing to believe it all — if all of it were true. But it is only because I found it wanting in certain important, practical ways, and because I felt, as others do, that Freudism is much, very much, in serious error in its practical conclusions, that I decided to present certain dream-analyses which contradicted the assertion that sexuality, even in a technical sense, underlies all or most dreams.

V. MATERIAL EMPLOYED

In reply to the question concerning the character of the persons whose dreams I analyzed in my previous paper, I will say that some of the individuals were of a decidedly psychopathic but desirable type; others were perfectly normal mentally. Although some of them displayed various physical and psychical symptoms (for example, one of the cases was an early cerebral arteriosclerotic, another was of a decidedly hysterical make-up, etc.), yet, in view of the circumstances in each case, I would not class any of them outside the wide range of mentally normal individuals.

VI. PURPOSE OF ANALYSES

The purpose of my analyses was primarily psychological investigation of dreams, with the desire to understand dream-life, in normal or abnormal individuals, more especially in normal individuals. The comparison of dream life in the mentally normal with that in the mentally abnormal or disturbed I shall not here discuss, except to state that I believe the main difference is quantitative rather than qualitative. If we understand the underlying, the "hidden," the basic meaning, motives and dynamic sources of dreams we will find ourselves in a fair way to understand the universal man.

VII. CRITICISM OF ATTITUDE OF CERTAIN FREUDIANS

Dr. Putnam next takes objection to the statement in my paper in which I declare that nothing further could have been gained by the use of other methods in the cases reported, because, in his opinion, it is "a personal judgment to which, of course, no psychoanalyst could assent." He insists, in a footnote, that the term "psychoanalysis" (and hence, also, "psychoanalyst") is used by him, and he probably means should be used by others, "in the technical sense in which it was first used by Freud, and which courtesy and the practical convenience of scientific intercommunication have now accorded to it." And he further believes that my characterization of the attitude of the Freudian school is misleading.

I believe that most critics of the Freudian theories have not, in the past, spoken as man-to-man as I feel they should do and as they owe it to themselves and to the Freudians.

I shall immediately indicate what I meant by my statement above referred to. But before doing this, I wish to make a few general remarks anent the attitude of too many of the supporters of the Freudian theories. I am highly pleased that it was Dr. Putnam who undertook to criticize my article in his broad-minded, just and kindly fashion. Had certain other members of the Freudian school undertaken this criticism, I fear that it might have

been too keenly antagonistic and too dogmatic, that it would have been but a repetition of the views they have expressed in the past, and the discussion would have added nothing to the sum total of knowledge concerning the questions at issue. I say this in all fairness and kindliness. But it is incumbent upon me to say this, since I feel that these followers and adherents of Freud's views should learn what sort of an impression they have created upon many of us — even upon those who are not only in sympathy with but accept much of their teaching, and are even would-like-to-be or willing-to-be believers. I regret to say, what, as I recall, Dr. Prince at one time stated, that too many of the Freudians have accepted the Freudian psychology and conclusions as the gospel truth. They have made of this movement a religion, a cult. For this reason we find that and can understand why so many Freudians permit themselves to indulge in the loosest reasoning, in the most emphatic and extreme dogmatism, and in the repetition of various false and unproved conclusions. And yet we find that they so critically examine all remarks and criticisms by others not true Freudians. And very fortunate is it indeed, especially for those who wish to correct the errors of Freudism, since it causes them to be wary and to avoid the dogmatism and over-generalization, the jumping to conclusions, so prevalent amongst the Freudians.

I am glad to say that Dr. Putnam has shown a breadth of spirit and of viewpoint which is inspiring and pleasing to behold, and which is in most striking contrast to the attitude of many of the followers of Freudism as it is being expounded to-day.

If my characterization of the attitude of the Freudians is misleading, then it is their own fault. I have read Freudian literature for several years endeavoring to understand and believe. In spite of my general attitude of sympathy with the Freudian movement (and hence suggestibility), and with whatever intelligence I possess (which is, I believe, about the average), it seems that I have not yet obtained a real understanding of just what they meant. If this be so then one must agree that the Freudians have given us a false impression of their theories and views, or that they

themselves have never, until recently, had a clear idea of just whither they were drifting, or that they have gone through a change, a transition stage in the progressive evolution toward a definite goal. That there has been a changing attitude of the followers of Freud, and that broader viewpoints are soon to be adopted, I firmly believe. Dr. Putnam's paper is most illuminating on this very point. Nevertheless there are still many points of difference of opinion, which are most important from a practical as well as from a scientific standpoint.

VIII. USE OF THE TERM "PSYCHOANALYSIS"

I find it necessary at this point to discuss the use of the terms "psychoanalysis" and "psychoanalysts." The Freudians use these terms as if they meant only Freudian psychoanalysis and Freudian psychoanalysts. In support of this attitude they contend that Freud first introduced the term. The phrases, "mental analysis," "mind analysis," "analysis of human conduct" and others of like nature are of old standing. Psychoanalysis in the broad sense has the same meaning. It is synonymous with mental analysis, no matter by what method. Therefore, psychoanalysis and psychoanalysts may be of the Freudian or of any other school or method. If the Freudians insist on limiting the use of these terms so that they shall always mean Freudian psychoanalysis and Freudian psychoanalysts, then we shall have to use another term — mental analysis, if you will — for the wider meaning above mentioned. If we recall that Freudians are endeavoring and have almost succeeded in broadening, but to an unreasonable degree, the connotation of the words "wish," "unconscious," "sexual," "libido," etc., I cannot see why they should raise any objection to the employment of "psychoanalysis" and "psychoanalyst" to mean what the names imply. If they wish to specify their method, they can say, "Freudian psychoanalysis" or "psychoanalysis by the Freudian method." Mental analysis has been in vogue since man first came upon the earth. If "psychoanalysis" means only Freudian psychoanalysis what shall we call other methods of analysis of the mind or psyche? I will

assume, therefore, that there is agreement to the employment of the terms "psychoanalysis" and "psychoanalyst" in this broad sense.

IX. VALUE OF PSYCHOANALYTIC METHODS

Dr. Putnam is of the opinion that by asserting that no further information could have been obtained by other methods (than the one I employed) in the cases reported in my paper, I am calling into question, if not directly, at least by implication, the value of the methods employed by Freud and Jung, Janet and Prince; further that the method employed by me cannot be considered as a means of arriving at a real psychoanalytic study. It seems to me that all must agree that of the various psychoanalytic methods in vogue each has a limited applicability, and no single one of them is applicable in all cases, if we desire to obtain the best results. There is a time and place for each of them. I believe that they are supplementary, and that the best results would be obtained by one who was master of them all and knew just when and how to employ one or the other, as the case may indicate. There is a place also for the method, so well known to all of us, employed by me and criticized by Dr. Putnam. I do not by any means contend that it is an absolute substitute, on all occasions, for the other methods now generally used, but I do believe that it may frequently be resorted to as a substitute, sometimes complete, at other times partial or supplementary. Moreover it will frequently be found to be the only method applicable to certain patients because of limitations of time or ability, or the lack of co-operation or intelligence on the part of the patient, especially in cases where the personal element is a great factor. I will go even further and say that many cases may be thoroughly analyzed by the method under discussion. The study of character and mental analysis can surely be conducted, in many instances to be sure, without an accompanying atmosphere of artificiality, mysticism and symbolism. My answer to the criticism that the method employed was imperfect and that the association methods of Freud and Jung are the only pathways toward the thorough analysis of dreams is: Let one

analyze one's own dreams by both methods and note which gives one the better and more reliable results.

May it not be that we have not in the past used our ordinary methods to as great an extent as they should and can be used? May not this more thorough, persistent and conscientious use of the ordinary methods frequently give us as much or almost as much information as can be obtained by the newer methods, especially in recent dreams and in psychopathic disturbances of relatively recent origin?

I do not believe that any will disagree with me when I assert that by an impartial, uncritical, intelligent analysis of one's self or one's dream one can obtain infinitely better results than any one else could or should be able to obtain; and that this can be accomplished more thoroughly and more perfectly by introspection, observation and reflection than in any other way.

No one questions the value of the most far-reaching dream analysis, of mental analysis in general and of character upbuilding, especially in psychopathic states. But for various reasons (unwillingness or inability of patient to co-operate, the limitation of time, economic and social conditions, the widespread ignorance, superstition, lack of will power, suggestibility, disease, vice, crime and degeneracy) we find insurmountable obstacles which point out to us how frequently it is not desirable or possible to follow out our efforts toward an ideal analysis and reconstruction of character and personality. Incidentally, we hear so much of mental analysis, as if analysis alone were sufficient. Analysis is the first essential, since it leads to self-consciousness, self-knowledge, self-understanding. But self-control and self-direction along developmental lines must follow. It is the latter which is the real treatment. The analysis is the diagnosis rather than the treatment, although in some cases analysis alone may lead to cure.

It is because of the obvious accuracy and truthfulness of the analyses of the dreams I reported that I believed that "nothing further could have been gained by these methods" (free and word association tests, etc.) in the cases reported. By "nothing further" I meant no further information more or less intimately connected with the dream thoughts.

Of course, if we endeavored to unceasingly root up all experiences, actual or imagined, related to the various motives exposed, an unlimited amount of information could be obtained not only by other methods but by the method there employed.

It may be contended that, not using Freud's method, the writer could not, naturally, be expected to arrive at such (Freud's) results, as regards interpretation, as might otherwise have been reached. It seems to me that in this single sentence my critics would be stating the crux of the situation. By Freud's method one would thus virtually mean Freud's standpoint or viewpoint. Whether or not Freud's free association method and the word association tests, as developed by Jung, are used, is, I contend, immaterial, so long as the analysis is thorough and according to fact and sound reason. Freud's method, it is admitted, is very valuable. But the much too frequently, as I see it, preconceived standpoint assumed by Freudians in psychoanalysis is, as stated above, based on sexual analysis and sexual interpretation, centered about the fundamental Freudian principles embodied in their conceptions of the furthest-reaching psychical determinism, psychical repression, amnesia, symbolism and sexuality. As the adherents of the Freudian school themselves repeatedly say, it is very much the matter of interpretation, of attitude, which is the great question at issue.

The chief reason why I preferred the method of introspection and conversation to the association tests (free and word) is that the former treats man more like a rational human being and seemed to me to be a more direct and more trustworthy method of investigation of dreams, especially under the conditions reported in my paper.

With regard to the contention that the patient's judgment, even if guided by the judgment and keener insight of the physician, is not safe, this contention would be valid if the all-importance of the theory of psychical repression were true; which theory, however, is not, I believe, in essence true, at least insofar as it applies to dreams. Even in Freud's free association method it is, of course, the patient who does the introspection and investigation, while the interpretation

is the work of the examiner. In the application of Freud's method, however, as practised by most Freudians, the analysis seems, as a rule, to be really directed by the examiner and is along lines directed or suggested by the physician. The patient is frequently held to a preconceived trend of thought, and then the interpretation by the physician is along the same line. Further, the patient's or dreamer's recital of experiences or ideas or tendencies along certain lines suggested to him by the examiner is accepted as disclosures of a safe and accurate memory.

X. FOUR QUESTIONS AND REPLIES TO SAME

Dr. Putnam seems to have asked himself four questions upon which, as a basis, he later developed his theme. These questions may be here briefly discussed. It may be inquired first, whether the information gained by the method used in my dream analyses was all that was needed for the purposes at hand. To this Dr. Putnam replies that for my purposes this was no doubt sufficient. And I may add that personally I feel that it was all that was needed.

We may ask, secondly, whether further information might not be desirable under certain circumstances, especially in certain mental aberrations. To this Dr. Putnam replies in the affirmative. And, on my part, I may say that, with regard to the analysis of dreams, if a psychoneurotic had had the dreams which I presented in my paper, with the recent experiences which I described, I would have analyzed the dreams in the same way. In other words, I believe that it would not be desirable, on the part of the patient, to carry the analysis beyond our instincts — whether basic (self-preservation and sex-gratification) or secondary (all the other instincts built up about these two fundamental instincts or motives). For scientific purposes, however, this analysis of the instincts is desirable. The search for truth and knowledge should not cease until the very elements and fundamentals have been unearthed.

Moreover, if we were unsatisfied with what seemed to be the true analysis, but, with a preconceived notion before us, endeavored to prove that a certain unrelated motive was at the bottom of the dream, we would find that we would

have to invoke our fancy and unrestrained, uncritical imagination to build up for ourselves a system of proof by analogy, loose reasoning and on wrong premises. It is in this effort that I can see the Freudians themselves employing rationalization, self-justification, etc, in their attempts to prove the truth of their theories.

Thirdly, let us inquire whether this further information might not be obtainable by a more searching analysis. Dr. Putnam again replies in the affirmative. My reply to this question is that such possible further information might and might not be obtainable by a more far-reaching searching than that employed by me in the paper under consideration. We can, in a general way, by introspection, reflection, observation and investigation study the origin and nature of our various instincts. These general explanations would have a universal application. The excessive development of certain instincts in certain persons may depend on an inherent or instinctive make-up, or on certain special experiences or opportunities which caused a special stimulation and development or intensification of one or the other of the instincts, or, most usually, on a combination of both. Thus certain components may be more important in the development of a certain instinct in one individual than in another. But all components, in varying degree, just like all instincts, in varying degree, are present in all of us. It is therefore of importance, for scientific and even for practical reasons, to have an exact knowledge concerning the origin and nature of the instincts of universal man. (Freud, in developing this knowledge in the case of the sexual instinct, has over-emphasized the rôle of this instinct.) Thus, by an analysis taking into account all possible similar life-experiences, adult, childhood and infantile, or experiences centered about a certain instinct, by persistently continuing to trace these tendencies, experiences and reactions farther and farther back to their very origin in our present lives, we finally come upon the particular instinct involved. I think that we know, in a general way, the origin and nature of the common human instincts. At any rate, self-study and study of others can give us this knowledge. I will not endeavor here to analyze the various instincts of man. In

any case, the most such a far-reaching analysis can do is to determine whether any special experiences were responsible for the stimulation or excessive development of a special component or trend of the instinct. These experiences may or may not have a causal relationship to the original experience or condition found and investigated. If they have not such relationship, or if the association be slight, insignificant and practically negligible, then all our efforts have been in vain and truly wasted. If, on the other hand, they have a close relationship and intimacy, then such an analysis is important to discover. But I am inclined to think if this relation is of great significance and intimacy to the individual, it would be appreciated by the patient more or less clearly, at any rate by introspection and self-analysis; and that it is also capable of being discovered by thorough and patient search, by ordinary methods, carried out conscientiously, persistently and to the fullest extent.

It is apparent that I do not deny that infantile and childhood experiences play a most important part in our dreams and other mental states; but I would insist that these infantile and childhood experiences do not necessarily form the foundation of the dream or other mental state, but that, in any case, whether the adult or infantile experiences are important in any such condition, it is the instincts which are basic.

As a fourth question we may ask ourselves whether the method commonly employed by psychoanalysts of the Freudian school is sound. Dr. Putnam apparently believes that it is. The method is, I believe, sound, but the attitude, the preconceived ideas, the psychological theories are at fault. From the brief enumeration of certain basic principles which I believe are operative in dreams, as detailed earlier in this paper, it is plain that I take issue with certain important points in the Freudian theory. The most important points of difference of opinion include the Freudian theories of the rôle of (1) psychical determinism, (2) psychical repression (and amnesia), (3) sexuality, and (4) symbolism.

1. *Psychical determinism.* The Freudians contend that for every psychic fact there is a logical and efficient ante-

cedent causative mental state which had occurred in the present life-history, that there is a continuity of associations from the cradle to the grave, and that, in Jung's word association tests, in free association and in dreams there is a definite and important relationship between the ideas passing through the individual's mind, and that they are usually of great and intimate significance to the life-history of the particular individual. That is, at least, the attitude they assume in their interpretations. The writer differs from the Freudians in the following respects: I agree that the law of determinism holds true throughout the universe; that for the state of every atom and spark of energy in the universe there is a valid and definite reason; that there is an infinite and uninterrupted series of inter-relationships and associations throughout the scale of evolution from inorganic to organic, from the lowest to the highest rung, and between all existing things, of whatever nature. There is a universal inter-dependence and inter-relation, of varying degree and intimacy. So also, in the sphere of the mind, I believe that for every mental state there is a logical and efficient antecedent causative *factor*; that this *factor* occurs in the present life-history; but that this factor, occurring in the present life-history of the individual, is not only not necessarily mental, but cannot possibly always be mental. Internal (ideas) or peripheral (somatic and external) stimuli may condition the reaction. This reaction is purposive, of a varying degree of awareness to the organism, and is, fundamentally, centered about our instinctive tendencies, physical and psychical, although infantile and childhood experiential life obviously must play a very great rôle in determining the character of the tendencies and reactions. Yet, there are certain characteristic tendencies and reactions, physical and psychical, common to all mankind and given to us by heredity — by acquirement in evolution — during the course of our ontogenetic and phylogenetic lives. Therefore, if we would say that for every psychic fact or state there is a logical and efficient antecedent causative mental state, then we cannot say that that mental state must have occurred in the present life-history of the individual. This statement is true only if we include

our entire evolutionary history — from the dawn of time, eons and eons and eons of years ago. If we would limit the discussion to our present life-history, we must speak of antecedent causative factor and not mental state; in this way we are not excluding our instinctive tendencies and reactions — that is, our phylogenetic and ontogenetic world histories. Secondly, if in analyzing and studying the life-history, we come upon experiences of a similar nature, neither a causal relationship nor a special intimacy to the particular individual in question is established. Both this causal relationship and this special intimacy may be present; but in many instances these experiences, tendencies and reactions merely denote a state occurring under similar conditions in all of us and conditioned by our instincts. Of course, certain experiences may be of definite intimacy and significance to the patient or dreamer, as the case may be. Many of our fear defense-reactions are common occurrences and good illustrations of this. Here, as you see, I take the biological or psychobiological rather than the purely psychological view of the situation.

2. *Psychical repression.* To discuss this at all adequately would mean a review of the theory of the endopsychic censor, the unconscious, etc. This I will not enter upon in this paper. We cannot deny the frequent occurrence of psychical repression. We may even agree that in daily life psychical repression is a very commonly employed mechanism. But even when considering repression from a biological aspect we find that it is not the exclusive method of mental progression. On the other hand, in daily life repression is not so frequently employed as Freudians would have us believe. I do not believe that repression is the all-important, although it surely is a very important, mechanism in mental development and progress from infancy onward, or as underlying dream processes. The change in direction of mental processes is not ordinarily due to repression but to a shifting or advance of the focus of consciousness from one point to another — although active repression may also be an added and important factor. It is comparable to two boys running a race. Because one of them is the fleeter, forges ahead and leaves the other far in

the rear, does not necessarily mean that the loser has been actively retarded by some force directly opposing him in his efforts to advance or win the race. Viewing the subject, not from the narrow standpoint of our present life-history, but from a broad temporal aspect reaching back to archaic times, I may say with Dr. Shimer, in his article on Bergson's "View of Organic Evolution":¹ "Beings advance in time, treading, as it were, upon a carpet which they weave with whatever colors and texture they wish but *they are ever rolling this carpet up behind them and carrying it with them.*"² Thus all of the past is preserved, though not indeed all as self-conscious memories." This would thus include our so-called organic memories, our instincts and our present-life (infancy and childhood) memories. Hence, constantly enlarging with the volume of its past experiences, endlessly creating itself, memory does not usually depend upon the activity of an ever-present (biological, psychological or psychobiological) repression always playing a prominent rôle. When a certain tendency does not appear or is not well developed it does not signify that this is due to repression, although this may be the case; but it frequently means merely that that tendency has not been stimulated or developed, or is inherently weak. It has remained latent or dormant, and has not advanced or expanded itself.

Based on this conception, then, one can understand dreams from the viewpoint which I have outlined earlier in this paper. The mental trends in dreams are not always or primarily due to release, by the censor, of certain repressed strivings, but are essentially and fundamentally due to a biological regression to psychic tendencies of a lower sort, many of which have been repressed, most of which have merely, biologically and physiologically, remained at a level natural and common to that grade of consciousness which characterizes them.³

Therefore, subconscious ideas, subconscious processes, are not, all of them or even most of them, confined

¹ Popular Science Monthly, February, 1913.

² Italics mine.

³ I appreciate that it may be argued that the whole process of evolution and development, mental and physical, depends upon the processes of progression and regression. This theory cannot be discussed in this paper.

to the subconscious regions of the mind as a result of repression. Nor are they all to be at once labeled unacceptable (from the moral, ethical, egocentric and social standpoint) to the individual, except we view them in the biological sense that, having been frequently blindly and wrongly (wrongly as regards true worth though not fitness), consciously or unconsciously unacceptable or unfavorable to the individual under certain past conditions, they have not been developed or have been arrested or rather permitted to remain stagnant and at a standstill or even repressed, with the concomitant development of other instincts.

Closely related to the question of repression — in fact an inseparable and integral part thereof — we have the Freudian ideas concerning the significance of resistance and of amnesia. In using the free association method in their analyses of dreams and of other mental states, the attitude generally assumed by the Freudians is that when, in the course of association or flow of ideas, the individual or the patient can proceed no farther, this resistance means that, perhaps unconscious to the person, we have come upon something which has been repressed, is hidden, and is significant to the individual. Likewise, the general impression given one by a reading of Freudian literature is that to have forgotten something, especially a failure to recall early childhood and infantile experiences, dreams, etc., means that there has been purposive repression of unacceptable ideas or tendencies. The physiological and biological tendency to and function of forgetting is entirely neglected and practically, silently, though perhaps not openly, denied or excluded from consideration. To take such a fixed stand with reference to the significance of resistance and amnesia brings the whole method, as employed, not only into disrepute, but leads one to an inevitable *reductio ad absurdum*. Yet such, apparently, seems to be the open stand taken by some of the foremost Freudian psychoanalysts. Who can forever continue to give "free" or any other kind of association? Who can remember everything? A failure to do either of these impossibilities does not by any manner of means at once signify repressed, hidden, unconscious, unacceptable wishes or tendencies, sexual or of any other nature.

3. *Sexuality*. This question will be discussed at somewhat greater length a little later in this paper. The Freudians assume that sexuality, used in the sense of incestuous, bisexual, narcissistic and polymorphous perverse sexual tendencies or activities, physical or psychical, is at the bottom of most or all dreams. They will not be satisfied until sexuality has been proven, even by the loosest method of reasoning, to be the underlying cause of the ideas, tendencies or activities under consideration. We find here, on the part of many Freudians, much reasoning by analogy and ingenious fitting of fact to theory. What the reader might, by a long, reluctant, unreasonable stretch of the imagination, concede to be a most remote possibility, many Freudians accept as conclusive, satisfactory proof of the soundness and truth of their ideas. This is typically embodied in their misuse of

4. *Symbolism*. Backed up by their ideas of rigorous psychical determinism, psychical repression, the significance of resistance and amnesia, and the extensive application of sexuality, symbolism of the most extreme and far-fetched sort has been indulged in. Symbolism and sexuality have been found where neither of them exist. They have been found not by the patient, but by the physician. What *may possibly be an* explanation has been claimed *to be the* explanation — and there's an end on it. There is no need to go further, no need to consider the patient's opinions or feelings in the matter, no need to look for other, simpler, more reasonable explanations, which the patient himself may agree to as being his true feeling and opinion. The patient does not at all understand or know himself, even when he is shown who and what he is. He must accept the physician's interpretations.

Symbolism most assuredly does occur in dreams. But when symbolism is employed it is usually not irrational, "unconscious" symbolism, but symbolism of a relatively simple, clear or direct kind. There is a representation of ideas or tendencies, of the moment or of the personality, which follow the law of chance or probability (as determined by average experiences and expectations) or which have dominated the personal life of the individual, in a varying

degree. This representation is immediate or it may be symbolic, but the symbolism is traceable to ideas which have been in the consciousness or in the memory of the individual, and did not come up from the "unconscious" regions whither they had been repressed and where they had remained buried.

XI. MEMORY FALSIFICATIONS

I am willing to agree with all that Dr. Putnam says about the value and the significance of vague longings and surgings, which, even though never cultivated, may be highly symbolic and fantastic; also that the material utilized to reconstruct the history of the emotional life need not necessarily consist of actual experiences, but may also consist of imagined experiences which have the form and value of actual experiences and that even the possible falsifications and elaborations during the course of a psychoanalysis (and hence in all mental states) have a real meaning. True, these memory falsifications are significant. They so often disclose those racial or human tendencies which all of us have acquired in the course of ontogeny and phylogeny. Biologically they are always of the greatest importance, but psychologically and individually they may have only a slight significance.

Although the construction of the emotional autobiography, as in the case of a romance, if honestly but broadly based on facts, may answer very well in the place of clearer memories, nevertheless our instincts, generally with relation to certain past experiences, will always be the basic facts. Hence we must have a clear understanding of our instinctive make-up. If our instincts are not understood in their true nature, origin and relationship and a romance is built upon certain erroneous suppositions as a foundation, then the romance depends not upon facts but upon a false basis, a misconception, a baseless supposition.

The common denominator of all dreams (as of all other mental states), the ultimate motive power of all emotional tendencies is the inherited instincts, most of which, but not all of which, are shaped during infancy and childhood. But many motive powers, especially sources of ability

or expression or of direction of instincts along certain lines, remain latent (not in the Freudian sense of being preceded by psychical repression), due to little or no development or even repression, only to be strongly appealed to and blossom forth in full glory at a later period in life.

We now come to the question of the Freudian conception of sexuality.

XII. FREUDIAN CONCEPTION OF SEXUALITY .

Dr. Putnam here explains the meaning of sexuality when this term is used by Freud and his colleagues. Quoting Freud, he tells us that "sexual" has the same meaning as the German word "*lieben*"—which is the equivalent of the English word "love." He does not believe that incestuous, bisexual and polymorphous perverse sexuality gives us a broad enough conception. I find that I cannot agree with this conception of sexuality. If love is to be used in the broadest possible sense, and if here, as elsewhere, the word is to have not only a psychological but a psychobiological connotation (which we have no right to give it), then love will include all possible yearnings, likings, desires, tendencies, potentialities. In other words, all efforts at biologic or psychologic self-expression or self-preservation (using the term in a broad sense) must be classed as sexual. This latter conception can be supported by two arguments: (1) a psychological one, to be found in the theory of so-called narcissism or sexual self-love; and (2) a biological argument, that all activities or tendencies have race-preservation as their final goal. In answer to the first explanation I will merely say that the psychological concept of sexual self-love can not only not explain all physiological and biological, instinctive and unconscious tendencies, but cannot even explain all conscious efforts at self-expression. In answer to the second explanation I need only say that what seem to be biological *tendencies* do not necessarily consciously or subconsciously guide the individual in his daily conduct. How much thought do most individuals, even those of the highest and most desirable type, devote to the race-preservation effects of their daily activities? Yea, more, if one wished to argue in a circle, one could say that race-preserva-

tion is but the biological effort toward self-preservation, projected into the future.

From the practical, working standpoint, however, we must agree that self-preservation and sex-gratification are the two fundamental goals of all human activities. It is immaterial to me which is the more powerful of the two motives. It is absolutely essential that both motives be duly recognized.

XIII. MOTIVES UNDERLYING DREAMS

Now we come specifically to the question of the motives underlying dreams, which was the subject of my paper. In my previous paper I stated that "indeed the Freudians maintain that sexuality and sexuality alone is at the bottom of all dream life." It is this sentence which is the cause of contention and discussion.

The use of the term "sexual" as being synonymous with "love" is, as above indicated, not tenable or reasonable. Moreover, from my general reading of psychoanalytic literature, it seems to me that the sentence here quoted is also practically true as regards the actual case histories and analyses presented by the Freudians. I find that, in their analyses and interpretations of dreams, as of other mental states, they almost invariably and exclusively invoke sexuality as an explanation, and the sexuality thus invoked by them may be summed up by saying that it includes bisexual, incestuous and polymorphous perverse sexual tendencies or activities, physical or psychical, conscious or unconscious. Their employment of sexual in this sense is universal, at least in the practical application of their sexual theories, in their psychoanalytic work and in their interpretations of mental states. Hence, I must conclude that, with respect to the actual work of the Freudian school, the statement I made is not only technically but practically correct. If sexual is to be used in this practical way — as referring to bisexual, incestuous and polymorphous perverse sexual tendencies — it seems to me that Dr. Putnam would agree that sexuality is not the basis of all dreams (and of other mental states).

Again, Dr. Putnam quotes Freud as stating that one is

forced to the belief that "sexual materials are made use of and erotic desires find expression" in the greater part of the dreams of adults. This, then, seems to be opposed to the broader idea of sexuality argued for above (namely, in the sense of love). But even so. Let us examine the statement further. It seems to me that if all neuroses and psychoneuroses are due primarily to a disturbance in the sexual life, then, since the difference between neurotic and psychoneurotic symptoms and the processes in dreams is really one of degree, for, even according to Jones, dreams are the neuroses of the healthy, what is a fixed law for one is likewise applicable to the other. This means that to support their theory of the cause of the neuroses, sexuality must be at the root of *all* dreams. It is not difficult to disprove this. Even Freudians must admit, just as Dr. Putnam finds himself freely admitting, that other motives than the sexual motive underlie dreams. This admission should be sufficient to prove that other motives may be at the basis of psychopathic illnesses. And, in fact, in spite of the repeated dogmatism of the Freudian school regarding the sexual etiology of these neurotic and psychoneurotic states, we hear them mentioning nothing about the so-called traumatic neuroses and psychoneuroses, in which, in most cases, the motive of self-preservation from a psychological or psychobiological standpoint (this is not psychological self-love) is manifestly the basic cause.

Dr. Putnam, however, maintains that practically the sentence quoted is an incorrect statement of the true state of affairs, but that technically it is correct and even expresses a very important truth.

Let us therefore examine this special technical sense in which the term "sexual" is employed and see whether even in this sense sexuality would or could underlie all dreams.

Dr. Putnam asserts that sexuality is found to be the basis of all dreams provided the analysis is complete and thorough; that in order for the analysis to be complete and thorough it must reach back to include the infantile life; and that then an emotional element, of a sensuous nature and for scientific, practical and other reasons best classified

as sexual, is a component of all tendencies and plays an important part; that such analysis is, at least frequently, both possible and desirable, and is attainable by Freud's method. He states that dreams, and for that matter, all mental processes, hark back to childhood and infancy and, by relaxation of the censor, show the unconscious tendencies or emotional strivings characteristic of that early period, hitherto repressed and now released and best classed as sensuous or sexual. In other words, infantile, as also unconscious, "wishes" or tendencies are all sensuous or sexual, and are the basis of dreams.

Dr. Putnam admits that in certain circumstances the motives exposed and discussed in my paper may be sufficient but in other cases these motives are not sufficiently basic and do not represent all that is obtainable, but that at least hints of the presence of infantile tendencies and reactions, best called sensuous or sexual, may be found present in all dreams (and all other mental states or processes), and go to compose the other motives.

In raising this point, Dr. Putnam brings up for discussion a very technical, academic, fundamental and interesting problem. He questions, first, whether if reduced to their infantile form, all motives other than the sexual motive have not, at least as a component portion, a sexual or sensual tendency, which is of great importance in analysis. He suggests, also, if not directly, at least indirectly, that all feelings or sense-experiences of the infant, and therefore of all of us, had best be classified as sensuous or sexual. This is the central theme of Dr. Putnam's argument. Here, it seems to me, Dr. Putnam opens up for discussion the question of the classification of feelings, and, intrinsically, the nature of feeling. I do not intend to discuss this difficult problem. But I may say this: If all sensuous experiences, not using sensuous here in the popular sense, but as meaning all bodily feeling, all affectivity, all sense-experiences, however indefinite their nature and however slightly conscious they be, so long as they be bodily feeling — if all these bodily states be grouped as sexual, then to support this conception of the word sexual we would, first, have to broaden the popular meaning of the word sensuous, and second, we would

have to broaden the meaning of the word sexual to include all possible bodily feelings. Why should we do this? The meaning of the word sexual is well known. Freud, to include his partial sex impulses and the polymorphous perverse sexual, bisexual and incestuous tendencies and feelings, considerably broadened the meaning of the word sexual. But surely we cannot go further, especially so far as to call all feeling sexual. True, there is a link of connection, a certain degree of similarity between all feelings, as of satisfaction and disappointment, of gratification and non-gratification, of pleasure and sorrow, of joy and misery, of wonder and disinterestedness, of exaltation and depression, of exhilaration and dejection, and so on through the list of all our feelings and affections, our emotions, passions, moods and temperaments. We know how these feelings merge insensibly by an uninterrupted series of gradations one into the other. They seem to be strung along on the same elastic, wavy line with its ups and downs, in varying degrees. The sexual feelings are very intense, vivid, all pervading, irresistible and the high-water mark of emotion. Yet, we cannot therefore say that all these other, less intense, somewhat allied feelings and affections are of a sexual nature. The feelings of wonder, of awe, of mystery, of fear, of anxiety, of apprehension, of expectation, of reverence, of esteem, etc., cannot be classed as sexual. There is a universal something — a certain degree of affectivity, of bodily tension, and electrification which is present in all of them, just as in the sexual feeling, but by no reasonable stretch of the imagination can they be therefore called sexual. Even the term sensual, because of its popular meaning, had best not be applied here. Feeling or affectivity is the usual and I believe proper term.

It cannot be said that the feelings aroused by the singing of the Lady in Milton's "Comus," which caused Comus to exclaim that he "took in strains that might create a soul under the ribs of death"; or even those excited by the pealing organ and the singing of the full-voiced choir which led Milton in his "Il Penseroso" to describe them as such

"As may with sweetness, through mine ears,
Dissolve me into ecstasies
And bring all Heaven before mine eyes"—

one cannot say, it strikes me, that these feelings here described should be classed as sexual, in spite of the acknowledged fact that there is a certain sameness running through the gamut of these as of all our feelings and emotions.

When one walks forth into the open park of an evening, with the blue sky arched high above, the shining moon boldly peeping down, the multitudinous stars twinkling mysteriously far off in the distance, with the green trees and lawns and bushes spread out before one's eyes, and a quiet and darkness and serenity pervading all; when one gazes upon these wonderful manifestations of a bountiful Nature and feels that sense of quickening and inspiration, of well-being and of ecstasy that thrills the soul and makes the heart and mind grow glad and happy — these feelings, I say, cannot be classed as sexual. Illustrations can be extended *ad libitum*; but, to be sure, it is unnecessary to add any further descriptions or elaborations.

The bodily feelings of the infant are vague, indefinite, almost indescribable. They are conditioned by gratifications of certain bodily yearnings; the reachings out for self-gratification or self-expression. But they cannot, whether of pleasure or pain, surely not all of them, be classed as sexual. Of course, certain of these feelings may be the forebodings of the sex instinct which may be present in a slight degree. But it is difficult to detect just which ones they are. All these pleasurable bodily feelings surely are not sexual, though they may be allied to the sexual.

Of course, if we once agree that all bodily feelings, yearnings, cravings, etc., are of a sexual nature, then the Freudian conception of the underlying motive of dreams is tenable. But this would give a new meaning to the word sexual. Moreover, as mentioned previously, most Freudians, even Freud himself, although, from his "Three Contributions to the Sexual Theory," one must conclude that he classes many general bodily pleasurable feelings as sexual — most Freudians, I repeat, universally use sexual as including incestuous, bisexual and polymorphous perverse sexual tendencies, and on this basis they conduct their analyses and interpretations.

Again, Dr. Putnam contends, or at any rate suggests,

that all motives and feelings, tendencies and cravings of the adult, can be reduced to their infantile form and can then be seen to be sexual or partially sexual, in the sense in which he employs the term, as above described. Now, if we would really be thorough, why stop at childhood or infancy? Let us push back even farther than infancy and retrace our evolution, through ontogeny, through phylogeny, back through our entire evolutionary ascent. Let us descend the steps to the very beginnings of life. We are born with our instincts. Shall we say that all our instinctive tendencies had best be classed as sensual or sexual? If we would do this, then the very flow of life, the vital energy must be so classed. In other words, *libido* then becomes synonymous with vital energy, as certain Freudians have already made them. This is giving a new definition or connotation to sexual; likewise to libido. Vital energy is the popular and better and more correct term. Dr. Putnam states that the feelings of infancy are there, name them what one will (to which I agree); but he then proceeds to call them not only sensuous but even sexual. Why? Because of an imagined similarity and hence relationship. It is thus a question of classification of emotional elements, of tendencies, reachings-out, etc.—of the manifestations of vital energy. Shall these infantile tendencies be classed as sensuous or sexual? If so, what about the tendencies in all other animal life, in plant and vegetable life and in the tropisms and physico-chemical changes in inorganic processes? Shall we give the same name to them also?

Qualities, as Dr. Putnam suggests, exist biologically for two purposes: self-preservation and race-preservation, but, according to Dr. Putnam, with race-preservation as the only ultimate goal. But what shall we say about the lowest plant and animal life, or yet again, about inorganic processes where no sex is present? Wherefore do these physical and chemical changes take place? Do all human cravings or tendencies, even biologically and according to nature's purpose, which are present in childhood and infancy have reproduction as the final and single goal or rather as a partial goal (one among others)?

Dr. Putnam would classify the purposes of all feelings

and emotional heavings as spiritual or reproductive, both of which are desirable (although reproduction, viewed with our modern eugenic conscience, is not of necessity desirable); or for the mere exercise of a function, the employment of the emotional heave, in and for itself, whether progressive, retrogressive or neutral (indifferent) in tendency, these latter being thus desirable or undesirable. He states further that these feelings all merge one into the other. I am willing to agree as to the purpose of our feelings, although self-preservation is not specifically mentioned; but I cannot agree with him when he classes all of them as sensual or sexual.

Dr. Putnam contends that besides other biological and adult conscious motives, especially self-preservation (though, of course, the self-preservation and other motives are also unconscious and instinctive as well as conscious), our other tendencies, our emotional longings, play a part in all our strivings and tendencies. Although this statement may be true, nevertheless we cannot call all these other longings and strivings sensuous or sexual. It is the bodily, instinctive demand, conscious or unconscious, for self-gratification and self-expression, which guides all conduct, all tendencies, all reactions, physical or psychical.

A given act or sentiment, says Dr. Putnam, when occurring in a dream, is infinitely much more likely to represent immature sensuous tendencies or desires, in addition to its other significance, than the same occurring in daily life; and further, he adds that "dreams have to do at bottom mainly with primary emotional complexes," which, he further adds, began in early childhood. I gladly agree with this entire statement except the last clause; namely, I would insist that these emotional complexes began earlier than childhood; they had their first beginnings in the germ cells, in the ontogenetic and phylogenetic life-histories, as far back as we can go. Aside from this qualification, this declaration by Dr. Putnam is no doubt valid and sound. Why do we find such tendencies or complexes present in dreams? Is it because of the relaxation of the censor and the release of repressed tendencies and strivings? No. It is because of the physiological and biological regression to a lower state of consciousness with its accompanying mental processes;

hence a lower scale in human conduct and mental activity; hence a play on instincts. This play on instincts is, as mentioned earlier in this paper, dependent on association and flight of ideas, on the conditions of the dream, the past life-experiences, the mental make-up of the individual, and the law of chance or probability, with retardation of some and anticipation of other ideas.

Let us for a moment grant that the emotional element which all motives other than the sexual motive contain is sensuous or sexual in nature. Is it possible to so reduce all motives to their infantile form? In efforts to this end, Dr. Putnam contends that the completeness of an analysis is to be judged by the degree of unearthing of the inner history, especially the infantile and childhood emotional complexes, of the patient or dreamer. This is not always so, although it frequently will be found so in many cases. But, as we know, the question always arises where and when to stop, how to determine useless memories which are brought up, to detect falsifications, to avoid sidetracking of the analysis and the following up of the wrong trail, unimportant details being excessively and uselessly dilated upon, etc. This, Dr. Putnam believes, is corrected by the physician using the method and the patient conducting the investigation provided only he (the patient) be free from internal resistance. How to interpret and correlate the findings is frequently a question for individual speculation and the attitude of the physician — if the method, the forced investigation and the interpretation are to be left in the hands of the physician, as we find in so many Freudian analyses. We will find that it is an open question whether even with a most far-reaching, broad-minded analysis such reduction of motives can be accomplished. And if perchance such reduction be possible, what do we learn? We learn that there were perhaps certain special reasons or opportunities for the intensification of certain native (later adult) tendencies. In the ultimate analysis we would no doubt find that this determination, fixation and intensification is a question of circumstances, opportunity and environment. Surely the causes are not particularly of a sexual nature. Choice of a profession or occupation, for example, depends on the instinctive make-up,

the up-bringing, the education, the life-experiences, and the opportunities offered.

Even if it were possible to do so, I believe that, at least in the great majority of cases, it would not be desirable to reduce the motives to an infantile basis, especially if the latter proved to be of a sensual or sexual nature, so that the patient could understand the origin and nature of the motives concerned. As stated previously, for scientific purposes this knowledge may be very useful; but in most cases the patient should not be in possession of this information.

There are a number of reasons why this is the most desirable course. In the first place, it is a question whether all of us should be informed of our perverse tendencies, whatever their nature. Some of us can grasp this knowledge, learn our lesson from it, absorb it and make it compatible with our personality. In other words, we can get square with the situation. In others, however, such knowledge may lead to disastrous consequences. Full knowledge of certain underlying perversions may act in some in a suggestive way, causing the exercise of certain tendencies which were hitherto unconscious, and which the individual did not particularly exercise, but over which he had actual control and domination. Again, it may aggravate such tendencies if they were already brought now and then into activity. Secondly, the knowledge alone may be a real blow to the patient. It may lower the instinct in the patient's eyes, especially if sexuality were proven to be the fountain-head of the component of the instinct under consideration. Thirdly, it may be and no doubt would be more difficult for the patient to philosophically deal with and get square with the situation unraveled to him than it would otherwise be. Another difficulty would be that although the phylogenetic, ontogenetic and developmental origin and growth of instincts are important from an evolutionary, biological and humanistic standpoint, they may be of no interest to the patient who may not have the intelligence to understand the explanation and whom it may be difficult to convince of the truth of the analysis. Supposing, for example, that a certain dream or mental state, normal or abnormal, is found to be dependent on the filial instinct, as for instance, the

love of a daughter for her father. Would it be desirable to explain to her the nature and origin of the filial instinct? The latter is dependent on the two fundamental motives of self-preservation and sex-gratification, both of which are component parts of the tendency towards self-expression. The relative intensity of either of these varies considerably in different individuals, being conditioned by the life-experiences. The second person cannot always or accurately determine whether the filial love of any particular individual is dependent mainly on one or the other of these two basic instincts. It is for each of us to determine this for himself. The self-preservative component of the filial instinct is of considerable importance in all of us. The sexual element may also be present in some, generally slight, degree. In some of us this sexual component may be somewhat excessively developed. Now, is it easier for one to overcome mental illness and meet the situation when one is shown that it is the self-preservative or sex-gratificative element in a certain instinct, as the filial instinct, which is the cause of the trouble, than if the filial instinct itself, as a unit, were referred to and considered? Most persons would find it difficult to understand this origin of the filial instinct. Moreover, to others, if the self-preservative or sex-gratificative element were pointed out as the root of the trouble, there would come a great sense of remorse at their selfishness, at the baseness of their motives. The filial instinct is a complex, higher motive, which, though it partakes of the nature of both the self-preservation and the sex-gratification instinct, is unlike either of them.

Dr. Putnam says that he cannot see why one should be unwilling to "trace as partially explanatory of the symbolism of dreams, the evidence of emotions in the dreamer's unconscious thoughts, based on considerations of a sexual nature, no matter how broadly construed, and although every other motive suggested finds welcome and acceptance." If this were the attitude of Freudians there would be no cause for dispute or disagreement. But they do not seem content to have sex partially explain some dreams or the symbolism of some dreams. They seem to use it as the exclusive explanation. Also, no matter how broadly con-

strued, all vaguely conscious emotions cannot, as above stated, be classed as sexual. Moreover, as repeatedly stated, in the application of the sexual idea Freudians use sexual in the sense including incestuous, bisexual and polymorphous perverse sexual (sexual aberrations) tendencies. Still further, most Freudians, if they do not deny a rôle to every other motive, at least exclude them all from consideration in their analyses of dreams and of other mental states.

Further, it seems that Dr. Putnam himself contradicts this statement in that he seems to believe that fundamentally all motives, if reduced to their infantile form, contain an emotional element, best called sensual or sexual, which is very important, and which he, in his own mind, must consider the basic cause or source of origin of all other motives, since he says that technically (if sexual includes all feelings) sexuality is at the bottom of all dream life.

I agree with Dr. Putnam when he states that self-preservation and sex-gratification are both efforts at self-expression. It is self-expression or self-assertion, or self-preservation (used in a broad sense as meaning the preservation of the personality and individuality and the organic make-up) which is biologically the basic or driving force, consciously or unconsciously, of all human tendencies and activities, physical or psychical. The self-preservative tendencies, excluding pure sense-cravings and gratifications, are pronounced in the child, though not necessarily very consciously but rather, at first, unconsciously and instinctive. Though it becomes more conscious with increasing development, it still receives its nourishment from unconscious, instinctive (but not always repressed, sensuous or sexual) strivings.

I wish to call attention to the fact that if sexuality is the foundation of dreams, then it is the groundwork of all other mental states, since the sleeping state, the hypnoidal state, the hypnotic state, day-dreaming, etc., differ from one another essentially in the degree of consciousness or awareness and hence in critical, logical, intelligent and purposive control of mental processes and activities.

Therefore, although in certain or many cases — in dreams, neuroses, etc. — sexuality may be the underlying

factor of most importance, it most surely is not always the cause of the condition at hand.

Moreover, I do not approve of using the term "wish" when we mean "instinct." Not all wishes, not all instincts, not all feelings or tendencies, can or should be classified as sensuous or sexual. This is most important for both purely scientific and decidedly practical reasons.

XIV. ILLUSTRATIVE DREAM

Before concluding, permit me to present an illustrative dream for comparison with the Freudian conception of the meaning of dreams:

Mr. H. B—— is a married man of thirty-two. His wife has just passed through a serious illness, having had a severe postpartum hemorrhage followed by puerperal infection from which she is recovering after a prolonged confinement in the hospital. The baby boy, the first and only offspring, has suffered severely from gastrointestinal disturbance and general debility. A pediatricist is now giving the baby special attention. Besides this domestic trouble and added expense (which he can ill afford), the business and financial burdens have been, in his case, a continual source of worry. The patient was always of a neuropathic and psychopathic constitution. His whole life history is one round of toil and trouble, of desires and ambitions, of inability and lack of initiative, of disappointment and repression, of incapacity for prolonged, consecutive effort and of failures, of great plans but decided inefficiency, of dreams that never came true. For two years he has suffered from an attack or series of attacks in which neurasthenic, psychasthenic and hysterical symptoms made their appearance. His condition has recently improved considerably and he is at present almost but not entirely well. Aside from these meager facts, I will go no further into the history of the case since the past history is not essential for an understanding of the dream to be related below. I shall not present the analysis of the dream, although I was, fortunately, able to arrive at the full meaning of the dream, but I shall present the following few facts as introductory and as throwing valuable side-lights on the meaning of the dream:

The night before the patient had his dream he had held an after-midnight meeting with his two brothers, E—— and N——. The latter, N——, was in deep financial trouble. He found himself unable to meet certain notes which were shortly due, was considerably behind in his payment of bills due, and he did not expect to keep things going much longer in his business unless he received financial assistance. The purpose of the gathering of the three brothers was to act as a ways and means committee. The books of N—— were gone over, his financial situation was thoroughly reviewed, and reorganization of the business on a larger scale with the three brothers as partners, was proposed. In this way they expected to meet all bills, to develop and to build up a stable business. N—— was very enthusiastic and positive as to the success of the plan. He showed his other two brothers how, by meeting the bills and paying his debts, they could come into the business and work with him on a bigger scale, with a resulting income for each. Although the discussion continued until about 3 A.M. next morning, no final conclusions or decisions were arrived at.

That night H. B—— had the dream here briefly detailed. At 10 A.M. next morning the dream was brought to me and was analyzed. Here is the dream, as related by H. B——, but somewhat abbreviated:

"My brother N—— and I were walking along, I don't know where or why, when N—— suddenly pointed out to me a mountain which was located a short distance from us. N—— said to me: 'H., I owe only \$4 more on that. When I pay that, it is mine. Come up and look at it.' We endeavored to climb up the mountain. After going a certain distance it became so ragged and rocky that, with bleeding hands, I held on to the bushes which were near by lest I fall down the mountain-side. We could not advance any farther and so I decided to go back. My brother N—— tried to induce me to continue our ascent. 'If you get down on your stomach, hands and knees, you won't fall off,' he urged. I was frightened. I refused. I wanted to go back. But, to my surprise, I found that I could not go back either, it was so dangerous, steep and rocky, with lakes and rivers below. Finally we found a path. As we walked along, the

conversation once more turned to the recital by N——, that, but for a debt of \$4, he would own the mountain. I said to him: 'N——, you have all I have.' I began looking about for a stopping place and immediately we came upon a saloon and what I think was a jewelry shop. We went into the saloon to get something to drink and eat. While we were eating a man came in hurriedly, rushed over to me and said to me, 'Sign this check. L. M——' (who was an old friend of mine) 'just fell down while he was trying to climb up the mountain and was killed.' My brother E——, who had not appeared in the dream up to this point, said to me: 'H., don't sign that.' Then N—— said: 'How can you sign a check in his name?' The check was for \$12.50. I decided to sign the check, for I realized that this money was necessary to pay the expenses of having L. M——'s body brought down from the top of the mountain. However, I wrote out a check for only \$12, since, I thought to myself, if L. M—— is still alive, and the report of his death by accident is false, by my leaving fifty cents in the latter's name, he would not have to start a new check account.

This was the end of the dream, for at this point a relative, R. G——, who for a certain reason had to call at H. B——'s home that morning, rang the door-bell and H. B—— awoke.

XV. CONCLUSIONS

In conclusion, let me state that infantile, primitive tendencies are always detectable by dream analyses and may be especially important in certain pathological cases; that this applies not only to dreams but to all adult tendencies and activities; that these tendencies are not *a priori* of a sensuous or sexual nature; and, finally, that it is not only the infantile tendencies, but still more fundamentally the instinctive tendencies, which we find as the driving force of all dreams and of all other mental states.

The Freudian school has given us invaluable contributions in normal and abnormal psychology. They have turned the search-light on the intricacies of the sex problem and have endeavored to understand and explain the rôle of the complex sexual impulse, and to trace it from its very

origin, through its development to its normal goal. The effects of disturbances of the activity of the sexual impulse have been especially inquired into by the Freudian school. Besides this, Freud has imbued us with a deep-rooted inspiration for psychoanalysis. The Freudians have also developed a psychoanalytic technique. Many of the mental mechanisms laid down by Freud and his followers have the widest applicability. All must agree that Freud and his school have shown a wonderfully acute psychological insight.

But despite the praiseworthiness of their motives in whatever work they have undertaken, it is noteworthy that Freud and his followers have overshot the mark. Their most serious error has been that they have attached too great importance to the sexual element in all their cases. Psychoanalysis has, with the Freudians, unfortunately been sidetracked. This sidetracking has been in the direction of sexual analysis. So one-sided has been the work of the Freudians in this respect that Freudian psychoanalyses are nothing more nor less than sexual analyses.

Man's mental life is rooted in instincts. But the sexual instinct, although very powerful and insistent in its demands for expression and gratification, is not the only instinct of man. The instinct of self-preservation looms very large before our eyes. Besides these two primary instincts of self-preservation and sex-gratification, we have many other instincts which have been acquired in the course of evolution. Our normal development and the mental disturbances to which we are subject are centered not only about the sexual instinct as a pivot but include within their scope all these other instincts, particularly the broadening aspects of the instinct of self-preservation. In the sidetracking of their work the Freudians have apparently entirely neglected all instincts other than the sexual instinct. As a consequence we find their conclusions are one-sided, biased, partial and hence much in error.

Their broad generalizations with regard to the rôle of sexuality in dreams, the neuroses, psychoneuroses, psychoses, etc., do not ring true, to put it mildly. And because of the glaring incorrectness of their sweeping conclusions their teachings have had only a limited support, in spite of

the fascination, the ingenuity, the apparent plausibility and the sensationalistic tendency of their declarations.

Freudism, as it stands to-day, must undergo wholesale modification, especially with respect to the conceptions of psychical determinism, psychical repression, sexuality and symbolism. Let us hope that the psychoanalytic approach to the study of the numerous problems in the field of normal and abnormal psychology is here with us to stay. Many of the mental mechanisms as elaborated by the Freudians will find a permanent place in psychology. The importance of the sexual instinct in normal and abnormal mental life will be better appreciated in the future than it has been in the past. It must be clearly understood, however, that psychology and psychoanalysis must be differentiated from sexology and sexual analysis. Sexual analysis may well form a part of future psychoanalytic work, but not all psychoanalysis will be frank sexual analysis and nothing more. Let man be looked upon as the human being that he is. And when psychoanalysis is approached from this standpoint and not from a purely sexual basis, then we will have a firmer, truer, better, more human psychology and a psychoanalysis which will be characterized by breadth of scope, by fair-mindedness, guided by a real, scientific, unbiased search for truth.

Freud, having given us a new and powerful impulse for psychoanalysis, may be honored by having the new study called neo-Freudism. There will be many who, not without good cause, will object to calling any psychology or psychoanalysis neo-Freudism, because Freudism, as it is being expounded to-day, teems with false conclusions with respect to the rôle of sexuality, and hence the acceptance and the employment of the name neo-Freudism may lead one to believe that the basic sexual ideas of Freud are conceded to be true, and that they have merely undergone modification. On the other hand, the main points of similarity between what we have suggested may be called neo-Freudism and real Freudism with its sexual theories would be in the tendency toward psychoanalysis and in the employment of many of the mental mechanisms elaborated and extensively employed by the Freudian school. The

sexual ideas of the Freudian school will, however, have to be almost entirely revised, and their false conclusions discarded. Their conceptions of psychical determinism, of universally acting psychical repression and of complicated symbolism will also have to be revised. No one can accept as true generalizations which would have us believe that all neuroses and psychoneuroses, certain psychoses, drug and drinking habits, dreams, hypnotism and all suggestive therapeutics, etc., are essentially and fundamentally dependent upon sexuality.

Since so many of the sweeping, practical conclusions of the Freudians are obviously untrue, it remains for those who view the problems from a broader and more unbiased standpoint to come forward and develop a psychology and a psychoanalysis which will be based not on sexuality alone but on man as he really and truly is — a bundle of instincts of varying importance and potentiality. Any of these instincts may be the source of the disturbance with which we may be dealing. Let us, therefore, have a psychology and a psychoanalysis which will treat man as we know him to be. Then, only, will we have a truly human psychology—a psychology of the instincts.

And let us call psychoanalysis by the single name “psychoanalysis,” without any adjectives, qualifications or limitations.¹

¹I have not, in this paper, endeavored to solve the problems which were touched upon or to discuss such questions as polymorphous perverse sexuality, narcissism, conversion, the unconscious, etc.

SOME HYSTERICAL MECHANISMS IN CHILDREN

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THE inadequacy of the various theories of the causation of hysteria in childhood is generally admitted. In fact, descriptions of the disorder have been limited to such vague terms as imitation, hereditary predisposition and neurotic make-up. That such explanations are inadequate to explain hysteria in children or, in fact, even in adults, and that the same mechanisms are at work in the production of child hysteria as in hysteria in the adult, namely, the conversion of repressed unconscious wishes, has been particularly emphasized since the introduction of psychoanalytic methods of investigation. It is proposed to point out the essential mental mechanisms in a psychoanalysis of two cases of hysteria in children. The literature on childhood hysteria is replete with excellent clinical descriptions and statistics as to its frequency,¹ but, with one or two exceptions, no effort has been made at a systematic analysis of a child's hysterical symptoms. The disease in children is either an anxiety hysteria or, as is more commonly the case, it assumes the form of a conversion hysteria. As in adults, a child's hysterical symptoms are not due to chance, but are caused or conditioned by the child's repressed complexes and usually represent the conversion of a repressed wish into the hysterical symptoms. In our two cases the hysterical symptoms did not result from a vague "emotional shock," but from the strong personal wishes of the two children, and furthermore these symptoms represented a particular method of gratifying these wishes, thus resulting in a certain gain to the child, in one case, freedom from taking care of younger members of the family, in the other a wish to continue its relations with the mother. Thus, childhood hysteria, like adult hysteria, has an identical mechanism in that it constitutes a symbolic wish fulfilment. This was particularly well seen in the

¹*D'Orsay Hecht*. "Hysteria in Children." *Journal American Medical Association*, Feb. 23, 1907.

J. J. Thomas. *Journal Nervous and Mental Disease*, April, 1908.

undisguised, pure wish-dreams of the two cases analyzed. These dreams bore a direct, casual relation to the clinical manifestations of the hysterical symptoms, in one case blindness, in the other case, convulsive attacks. The cases offer an excellent example of the importance of inquiry into the child's undisguised wish-dreams for the elucidations of its hysterical symptoms.

CASE I

CLINICAL HISTORY

The little girl, M., age eleven, was referred to me by Dr. P. H. Thompson, with a history of rapidly failing eyesight of about six weeks' duration.¹ When first seen, the *ophthalmological examination* was as follows:

V. O. D. 20/60.

V. O. S. 20/100.

The field of vision for form was contracted in both eyes to as low as thirty degrees in some meridians, particularly on the temporal side. There was an incomplete central color scotoma (red and green) in both eyes. The fundi and the optic discs were normal. No degeneration of the maculo-papillary bundle. The pupils were equal, somewhat dilated (about 5mm.), and reacted promptly to light and accommodation, both directly and consensually. No spasm of the iris. The ocular movements were normal, no diplopia and no nystagmus.

The eyesight began to fail rather suddenly, and at no time was there any history of headache, vomiting or vertigo or of an exposure to lead or arsenic. There was likewise no gain in weight and no abnormal drowsiness. The urine was free from albumen and sugar. Her father had suffered from several attacks of neurasthenic depression, each of which had followed anxiety over financial difficulties or illness in some member of the family. The mother had always been well. One child died suddenly at nine weeks of age from cerebral hemorrhage, another at one year from convulsions following whooping cough. There was no history of syphilis.

¹For the careful ophthalmological examination in this case, I am indebted to Dr. Thompson.

A physical examination disclosed the following. The child was well developed and nourished, showed no anæmia and no evidence of muscular weakness or paralysis. No facial paresis. Tongue central, without tremor. Teeth normal. No ataxia or tremor of either hand and no adiodokinesis. The gait was normal, no staggering, and she did not stumble against objects in spite of the great reduction of vision. With her eyes closed, she swayed slightly in Romberg's position. The knee jerks were present, the right being somewhat more easily obtained than the left. The Achilles jerks were equal and lively. No Babinski or Oppenheim reflexes. No hypotonia, spasticity or asynergia of the limbs, and no ataxia of the finer movements of the fingers. Sensation was normal to pain and touch. The palatal reflex was diminished. An x-ray of the head was negative.

About ten days after the first examination, she began to complain of some frontal headache, and on two occasions had what was termed a "nervous spell," the entire body becoming very hyperæsthetic and somewhat rigid. It was further learned that three years previously, the child had had a "nervous cough," which necessitated her removal from school for a time. Following her recent nervous attack, the child became restless, fidgety and easily fatigued. A further examination of sensation at this time demonstrated a diminution to touch and pain over the entire right side of the body, and also scattered, completely anæsthetic zones, particularly in the middle portion of the left leg.

The vision remained the same, but the fields for form had become much more contracted than at the previous examination, in some places the contraction was down to twenty degrees. There was absolute central color scotoma. The fundi remained negative and the pupils reacted normally. In spite of the central color scotoma and low vision the child was able to tell the colors of the stones in her ring and of colored sheets of paper, did not stumble against objects and could read ordinary print of the book in which she was interested. In actual testing with small sheets of colored paper, she would occasionally name the wrong color, but on insistence, she would giggle and give the correct one.

A further physical examination showed no signs of organic brain disease.

December 9. For three weeks the child has had another attack of "nervous cough," which the mother and family physician state has the same characteristics as her "nervous cough" of three years ago. At home, when she thought herself not observed, was able to select the right colors in colored pencils used for drawing purposes. One day she referred to all objects as appearing magnified (*macropsia*), and a week later the vision suddenly began to improve. The fatigue and instability of attention remained the same. One night there was another episode in which right arm twitched, and the twitching gradually spread over entire body. The headache had subsided. The disturbance of sensation was now limited to a dulling to touch and pain over the right side of the body; the anæsthetic zone had disappeared. The vision had greatly improved, being 20/30 in the right eye and 20/60 in the left eye. The fundi was normal. There was no longer any central color scotoma, but the color sense was slow. The field of vision had greatly enlarged, and in the right eye was nearly normal in outline.

December 30. The vision, visual fields and color sense are now normal. The child is less nervous and has had no further peculiar attacks. The sensory disturbances have disappeared. Another examination a month later showed that the child had entirely recovered.

ANALYSIS OF THE SYMPTOMS AND DREAMS

After the second examination it became clear that the sudden disturbance of vision was not organic, but was probably an hysterical amblyopia, a diagnosis which was later verified by the subsequent course of the disorder and the appearance of the sensory disturbances. There was a parallel improvement in both the vision and the disturbances of sensation, for instance, at the period of greatest amblyopia, the sensation in other parts of the body was most disturbed; with improvement in the vision, the sensory disturbances became a mere dulling and finally when vision became normal, the sensory disturbances likewise

disappeared. The fact also that the pupils and fundi were normal, spoke for the hysterical nature of the amblyopia.

There may be a central color scotoma in hysteria exactly resembling a toxic amblyopia caused by alcohol or tobacco. There is a central defect with an added peripheral contraction. There may be also an hysterical achromatopsia, in which there is an inability to distinguish any color, although the outlines and shapes of objects may be recognized. The sudden amaurosis of hysteria and the rapid loss of vision, which may accompany retrobulbar neuritis, bear a marked similarity on superficial examination. If there is blindness with preservation of the pupillary contraction to light, a retrobulbar neuritis may be excluded, although in some hysterical cases, there may be a temporary inaction or slowness of the pupils to light due to an hysterical spasm of the muscles of the iris. However, in hysteria, the fundus is always negative.

Willbrand and Sanger,¹ in their careful description of hysterical blindness, make no statement concerning the origin of the condition from unconscious complexes. They point out that the disorder may be monosymptomatic or in association with other hysterical disturbances, either on the same or the opposite side of the body. For instance, they refer to Plaut's case of right-sided hysterical amaurosis with hypoalgesia of the left hand and hyperalgesia of the pharynx. The mental origin of hysterical blindness is emphasized, and a series of cases reported which were cured through suggestion and hypnosis. Of the exact mental mechanism of the condition, however, nothing is stated except the following: "The inability to see the images plays a great rôle in hysterical amaurosis, and is shown by a great many cases in which auto-suggestion played a part, such as insignificant traumata and also of the effect of suggestion in hysterical amaurosis. The spontaneous appearance of hysterical amaurosis shows that consciousness is dominated over by the thought that the eye cannot see. But even in such cases the influence of auto-suggestion cannot be denied because the psychic processes in the patient are but poorly or not at

¹Willbrand and Sanger. "*Die Neurologie des Auges*," 1906.

all cleared up in the desired direction." Hysterical blindness in children, however, is a very rare occurrence.

As pointed out at the beginning of this paper, most of the excellent studies of hysteria in children have dealt mainly with the clinical types of the disorder, without any effort at a systematic analysis of the hysterical mechanism. It has remained, however, for psychoanalytic investigations to give a clear and adequate explanation of hysterical mechanisms, and as will be shown later, the same mechanism produces hysteria in children as in adults, except that in the former, the mechanism is of a much simpler type. This is because the mental processes of children are less complicated than those of adults and, therefore, their hysterical symptoms are simple conversion phenomena, without any effort at disguise or symbolization. The hysterical symptoms of children, like their dreams, are mere fulfilments of their undisguised wishes and mental conflicts, and because of its uncomplicated character, hysteria in children offers a fertile field for a proper understanding of the problem of hysteria in general. Children's dreams and children's emotional reactions are thus like savages in this respect, that is transparent wishes, without any effort at concealment or symbolism.¹

In order, therefore, to understand the mechanism of this hysterical blindness, it was determined to undertake a study of the little girl's dreams, as offering the readiest means of access to her unconscious mental conflicts and wishes. In this I was fortunate in securing the intelligent co-operation of the little patient's mother. The following dreams were reached. The dream instigator as ascertained follows each dream in parenthesis.

Dream I. She was chasing her pet squirrel around the house, and it also appeared as if the squirrel chased her. (She has a pet squirrel.)

¹For a discussion of these mental reactions and dreams in primitive races, see the following:

S. Freud. "*Totem und Tabu*," 1913.

A. A. Brill. "Piblokto or Hysteria among Peary's Eskimos." *Journal of Nervous and Mental Disease*, August, 1913.

W. B. Grubb. "An Unknown People in an Unknown Land," 1913. (Refers mainly to the Lengua Indians of the Paraguayan Chaco region. See especially the interesting chapter on the dreams of these primitive tribes.)

Dream II. The house took fire and all the family were saved, except her baby brother (eighteen months old), who was burned up. (The chimney had recently been cleaned out because the family feared that it would catch fire.)

Dream III. She was coming from a moving picture show with her mother and her younger brother (age nine) and her elder sister (age thirteen) (S. and O.). Then she saw a man in a near-by store, and because she felt he had no right there, as the store was closed, she called up the proprietress of the store, telling her that she would guard it. She remained near the store and sent her mother and the other two children home. (She had recently been to a moving picture performance.)

Dream IV. She and her brother (S., age nine) were coming down the street, and through a crack in the boardwalk she saw a penny and stooped to pick it up. Then she saw pennies all around and she filled her pockets full. Then a man came and shot her brother S. and killed him, and she felt badly. Then the man also shot at her, but merely frightened her.

Dream V. Her baby brother G. was missing. He had run away and gone up to church and she started to run after him, and then he turned and ran into a snowdrift and disappeared.

Dream VI. She and her three-year-old brother (R.) and a little girl playmate, B., were sliding down hill with their sleds. Finally R. ran into a snowdrift and disappeared, and B. and she ran on and left him there. (The instigator of these last two dreams was frequent coasting with her sled.)

Dream VII. She was visiting B. with her father and was riding through the subway.

Dream VIII. She was in school, happy, studying her lessons, and with all her schoolmates.

In analyzing this series of dreams, their simple character, undistorted by symbolization, stands out prominently. Then, too, nearly every dream could be found to be instigated either by some instigator during the day or by some mental conflict of the nature of an unfulfilled wish, the wish, however, becoming completely fulfilled in the dream. Thus this child's dreams did not concern themselves with trifles,

even though the dream instigators were apparently indifferent and harmless. In fact, all the dreams represented the unfulfilled conscious and unconscious wishes which were repressed during the day. As stated by Freud concerning the dreams of children: "Children's dreams leave no doubt that an unfulfilled wish of the day may be the instigator of the dream. But we must not forget that it is after all the wish of a child, that is a wish-feeling of infantile strength only. . . . In the adult it (the wish manifested in the dream) originates in the unconscious, while in the child, where no separation and censor as yet exist between the foreconscious and the unconscious, or where they are only in the process of formation, it is an unfulfilled and unrepressed wish from the waking state."¹ However, as will be later demonstrated, the wishes of the little patient were strongly repressed and unfulfilled during the day.

The instigators of some of this series of dreams, so far as could be demonstrated, have already been given in parenthesis at the end of each dream. Although the dream instigators were harmless enough, yet the content of each dream represented the fulfilling of important repressed childhood wishes, relating principally to family conflicts and jealousies, particularly toward her younger brothers and sisters. This is not at all surprising when we remember that the feelings of most children for their younger brothers and sisters is far from being one of affection. In fact, there is a feeling of rivalry and jealousy toward the younger ones of the family, particularly if these younger members in any way hinder or interfere with the child's play activities. Thus the child is an egoist, it has little or no altruistic or family feelings. It sees in its elders, an oppressor (whence frequently arises the *Œdipus-complex*) and interprets the younger members of the family as rivals for the parental love which it feels should be showered on it alone. Thus this rivalry is not only seen in the love of the son for the mother (*Œdipus-complex*), and of the daughter for the father (*Electra-complex*), but likewise in the relationship between brothers and sisters, particularly if they happen to be

¹S. Freud. "The Interpretation of Dreams." (Translated by Brill. Pages 438, 439.)

younger. The child not only wishes its younger rivals dead (or out of the sight, which is synonymous for the child), but if this rival in any way interferes with its activities, the wish for the death or disappearance is actually fulfilled in the dreams. Sometimes the wish in very young children is clearly indicated in their speech, in other older children the wish is suppressed. For instance, a little boy of my acquaintance when asked if he loved a new arrival in the shape of a little brother, replied that he "would throw him down the elevator well," and later, showed his disgust with him by saying, "He can't talk or anything." Freud's case of Hans, too, showed his coolness toward a new arrival by stating that "He had no teeth." Facts such as these, in the form of conscious jealousy associated with an unconscious wish to put the younger member of the family aside, would be elicited in our case.

For some period, the little patient had shown a jealousy of her younger brothers and sisters, and at times, particularly at Christmas, she accused her father and mother of "speaking more about their presents" (referring to the younger children) "than of mine." She is apt to feel badly also, unless her mother takes her to all the entertainments to the exclusion of the other children. Toward her baby brother, who was eighteen months old at time the hysterical blindness began, she has shown a certain amount of ambivalence, in that during her waking moments she reiterated her love for him, whereas she systematically wished him out of the way in her dreams.

The child's first difficulty with the eyesight occurred while she was at school. Her mother had been away for several weeks and during her mother's absence the maid suddenly left the house. Thus there devolved upon her the partial care of the house and also of the younger children. She resented this added labor as it interfered with her play activities, and this feeling was accentuated by the added jealousy towards her younger brothers, which she had displayed in times past. Her nine-year-old brother S. also plays with another boy about his own age, and this also made her jealous, as she wished to play with the boy alone. The play activities of children frequently have an associated

erotic component, such as in swinging and in muscular activity. Out of this mental attitude of jealousy and of what she considered an interference with her play activities, she developed the idea (a wish) that if she were ill, the added family labor would be taken away from her and thus she would be free to play again. Thus the purposeful mental action arose, something would be gained by a conversion of this wish into blindness, so as to not see her surroundings and the children. However, the blindness was not a selected one, directed to the younger children alone, but also comprised her school and play activities in such a manner that she could not see to read the fairy stories of which she was fond, the blackboard at school, or her normal outdoor sports. Thus her converted wish defeated its own ends, the blindness became general and she was, so to speak, "hoisted with her own petard." A similar case in an adult in which the hysterical blindness was an expression of a purposive wish, has recently been reported by Ames.¹ After the mechanism of her blindness as a converted wish became understood through the dream analysis, it was this mechanism which furnished the hints for the psychotherapy and, therefore, cure of the condition. The child was taken out of school and not allowed to play or read, and meanwhile a promise was held out to her that she would again be allowed to play, read and return to school as soon as her eyesight was better. The dreams furnish strong evidence of her persistent wish to resume her school and play activities. By the use of this simple and logical method, when the child, who was quite intelligent, saw that nothing further was to be gained by her blindness, since it defeated its own ends by being total and not selective, the vision gradually became normal. Thus, the symptoms of blindness by this simple psychotherapeutic method not only disappeared, but the converted wish that was lying at the bottom of her hysteria, likewise vanished.

CASE II

CLINICAL HISTORY

In this case, it could be demonstrated that hysterical

¹T. H. Ames. "Blindness as a Wish." *The Psycho-Analytic Review*, Vol. I, No. 1, November, 1913.

convulsive attacks could be caused by the development of an Œdipus-complex. Unfortunately, an opportunity was not given for a complete analysis, but the data obtained showed clearly the mechanism of the condition. About eight months before he was first seen, A., a bright and rather precocious eleven-year-old boy, referred to me by Dr. Levins, began to suffer from severe attacks of abdominal pain, limited to the left side of the abdomen. At times the pain appeared to be so severe that he would become apparently unconscious, pale, and remain in a rigid condition for periods varying from one-half hour to two hours. He has never bitten his tongue or wet himself during the attacks, which occur from once to twice a week. No drowsiness after an attack, but apparently weak. Between the attacks is nervous and easily frightened, and will wake up at night and cry. It was furthermore noticed that the attacks of pain almost invariably occurred at night. He slept in the same bed with a younger brother, and the attacks always ceased when his mother entered his room, sent the brother to sleep with his father and she herself shared the bed with the boy.

The boy is timid, nervous; has always had his own way and looks for sympathy, which he gets from his mother, but not from his father. He reads exciting books, often remaining up until late at night. He is very liable to have an attack of pain with rigidity and unconsciousness, if not given his own way. He is a favorite, spoiled child and much petted by his mother. The boy seems very fond of emphasizing his symptoms. The physical examination, including an examination of the abdomen, was absolutely negative. No disturbance of sensation or vision, and no tenderness over the appendix.

ANALYSIS OF THE DREAMS AND SYMPTOMS

The boy states that the attacks begin with nervousness, fear and trembling, then the pain and the unconsciousness. He claims to have been nervous since his father's store was burglarized three years ago, and since then, he has been afraid at night, suffered with night terrors and dreamed of robbers and death, usually of the death of some member

of the family, particularly his father. He related a recent *dream* in which a crowd of people appeared to be in the house and his father was lying dead on the sofa and he knelt down beside his father's dead body. It further developed that the attacks always ceased when his mother cuddled up in bed with him and sent his brother to sleep with his father.

Thus in this case we are dealing with hysterical attacks of unconsciousness based upon a typical Œdipus-complex in the process of formation. The attacks are caused by a wish to have his mother continue her over-affection for him, and also by his jealousy of his father and younger brother. This jealousy towards his father is seen in the typical wish that the father be dead, a wish that was fulfilled in a dream. This case offers an excellent example of the early formation of an Œdipus-complex, and is of value because here in a child, we are in the presence, so to speak, of the development of this complex. It confirms a statement which I made in a previous contribution.¹ "The complex develops only in those children who have been exposed to an over-exuberant love from their parents, or who, themselves, have shown a parental affection of abnormal intensity. The Œdipus dreams originate from these infantile elements of the unconscious in the exposed individual, and are the symbolic expressions of these elements, indicating in an admirable manner this early sexual love of the son for the mother."

This brief analysis again gave indications for the psychotherapy of the condition, in that the mother was instructed to regulate the hours of the boy and to pay no further attention to his attack of abdominal pain. As a result of this method of disregard and purposeful neglect, the boy greatly improved.

Although the convulsive attacks practically ceased, yet another phase of the disorder arose on their cessation, revealing the unconscious persistence of the Œdipus-complex in another form, and the resistance toward the sublimation of the complex. Because the mother no longer paid attention to the attacks of abdominal pain at night and insisted that the boy sleep with his younger brother, he began to

¹Isador H. Coriat. "The Œdipus-Complex in the Psychoneuroses," JOURNAL OF ABNORMAL PSYCHOLOGY, Vol. III, 1912.

have attacks of nocturnal anxiety in the form of nightmares. He would sit up in bed and call out "Mamma — mamma," in a hoarse voice, keeping this up for an hour at a time, with the eyes closed, either waving the arms or keeping the hands clasped in front of him and attempting to get out of bed and go to his mother's room. When an attack had ceased, he would give a final scream and repeat, "Mamma, what is the matter?" There is absolute amnesia for the attack. These nocturnal attacks always cease when his mother takes him to bed with her or enters into his bed, in either case the younger brother being sent to the father's bed or *vice versa*.

The persistently active Œdipus-complex in this case was responsible for the attacks of *pavor nocturnus* with hallucinations, the data as brought out by the analysis being complete agreement with Freud's conception of night terrors in children. He says for instance, concerning this condition: "For the night terrors with hallucinations (*pavor nocturnus*) frequently found in children, I would unhesitatingly give the same explanation. Here, too, we are dealing with the incomprehensible and rejected sexual feelings, which if noted, would probably show a temporal periodicity, for an enhancement of the sexual libido may just as well be produced accidentally, through emotional impressions, as through the spontaneous and gradual processes of development."¹

During the day, too, if scolded or spoken to harshly, he will fall down apparently unconscious and become rigid, although he has never foamed at the mouth, bitten his tongue or shown any relaxation of the sphincters. In these attacks, the eyes are always widely opened and staring. A condition of simulated foolishness, in which he feigned severe illness and acted childlike and helpless, was also a prominent symptom. He would lisp in his talk and appeared greatly amused by playing with a small doll. The boy hoped by this to gain again the sympathy of his mother, and thus be taken in bed with her as in the past. In fact, it was a return of the libido to an earlier or infantile fixation. For instance, he complained of double vision, staggered in walking and showed a marked trembling of the arms. This trembling

¹"The Interpretation of Dreams." Page 462.

of the hands, however, came on only when attention was called to it by his mother and ceased when he thought himself not observed. He staggered only when he thought himself watched. A complete neurological examination failed to disclose any evidence of organic disease of the nervous system, no optic neuritis and no diplopia, no ataxia, asynergia or changes in the pupils or reflexes. It was apparent from the analysis and physical examination that the various symptoms of which the boy complained, and his infantile behavior, were all simulated for the purpose of regaining his mother's sympathy and over-exuberant affection.

Thus in both cases, by means of psychoanalysis, it could be shown that the same mechanism was at work in the hysteria of children as of adults, except that in the former, the mechanism was of a simpler type because the child's mental processes are less complicated than those of an adult. In each case, the hysterical symptoms arose from conversion of a repressed wish, and the elucidation and analysis of this wish by means of the dreams furnished the outlines for the psychotherapy and cure. These two cases are likewise of value in furnishing hints for the general prophylaxis of the neuroses in children.¹

¹See also my paper, "Psychoanalysis and the Sexual Hygiene of Children." *The Child*, January, 1912.

PSYCHOANALYSIS

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(Concluded)

III. TRAUMATIC MEMORIES RELATIVE TO SEXUALITY

We now reach one of the studies of psychoanalysis which is the best known and which has too often caused the preceding studies to be overlooked, though they are indispensable for the understanding of the investigations on the rôle of sexual disturbances in the pathogenesis of the neuroses.

This problem has been recognized and discussed by doctors since the beginning of time. Hippocrates observed that women who were deprived of sexual gratification were afflicted with hysteria; "*Nubat illa*" was often said at that time, "*et morbus effugiet.*" Disturbances of the sexual functions have long been attached to the neuroses to such an extent that even the name hysteria was thought to be disgraceful. A book by Louyer Villermay in 1816 pushed this interpretation to the extreme. It has been correctly said that Briquet, in 1859, and Charcot have protested against the ridiculous exaggerations of this doctrine; but it is none the less true that these writers perfectly well understood the importance of sexuality in nervous diseases. They spoke constantly of the neuroses of puberty or of the menopause; of the influence that diseases involving the sexual organs have on nervous and mental functions; of the rôle of excessive masturbation and sexual perversion; and among the causes of neuropathic troubles they give an important place to the emotions determined by disturbances of a sexual order, to violations, concealed pregnancy, excessive indulgence, illicit sexual relations, etc.

Axenfeld and Huchard also speak of the influence of a lascivious temperament, of continence, of exaggerated sexual excitation, of thwarted passion. My own observations constantly included neuroses as the consequence of sexual

abuses, disappointments in love, etc. One of the first observations I cited here was of a girl who was paraplegic for years because of prolonged sexual relations with her father and of fear of pregnancy. The singular delirium of possession, which I have given as an example of fixed subconscious ideas, was produced in a man because of his remorse at having betrayed his wife. It seems to me difficult to say that this problem has been neglected by psychological analysis, and that sexual disturbances in their relation to the neuroses have not been studied by this method.

It is, however, not to be denied that on this point again psychoanalysis has taken a wholly original position. In order to thoroughly comprehend this position it must be borne in mind that the Freudians understand sexual disturbances in a very special way. When they speak of sexual disturbances they do not mean physical changes, normal or otherwise, which affect the sexual organs or their functions. Puberty, in itself a simple physiological change, the menopause, arrest of the menses, blennorrhagia, metritis, do not play a large part in the Freudian system. Freud is well aware that these disturbances are constantly seen in persons who have no neuropathic trouble whatever, and he does not consider them as particularly important in the neuroses. The sexual phenomena with which he is occupied are those which have moral consequences and which affect the neuroses by the intermediary of psychological phenomena. Here, again, it is necessary to be precise. Freud does not interest himself particularly with general mental modifications which are produced in the mental functions by sexual disturbances which are unknown to the subject, and of which he has no awareness. If a writer speaks of the mental depressions which accompany puberty or the menopause, and connects them with this or that intoxication, he is not precisely a psychoanalyst. In psychoanalysis it is a question of experiences which are clearly of a sexual order, but which the subject has understood to be such, to which he has attached great importance, and of which he has retained a distressing memory which is capable of troubling him. In a word, it is a question solely of traumatic memories relative to sexual experiences. For example, a

young girl is deeply in love and yields herself to her lover, who, in spite of his promises, refuses to marry her; this experience causes the girl great anguish and, by one of the mechanisms we have studied, determines a traumatic memory and a neurosis. This is the type of sexual disturbance that psychoanalysis prefers to study. Masturbation, incomplete coitus, sexual abstinence are important only by reason of the emotions which accompany them and the traumatic memories which they determine. It is a question then, to sum up, of traumatic memories relative to sexual experiences, or, if you prefer, of traumatic memories with a sexual content, and psychoanalysis, following psychological analysis, studies the frequency and the rôle of these phenomena in the neuroses.

On the first point, the frequency of such memories, the Freudian school presents a first very clear doctrine. Instead of stating, as all preceding observers have done, that traumatic memories relative to sexual experiences are found in *some* neuropaths, they affirm — and herein lies their originality — that such memories are found in *all* neuropaths without exception. Without such memories transformed into traumatic memories there would be no neuroses. If the physician does not ascertain such memories in all patients it is because he has not known how to make the patient confess them or has not known how to break through his reticence.

In a certain number of subjects, as a matter of fact, this search presents no difficulties, and it requires no great skill to ascertain these facts. The patient himself relates the violation, the vices, the adultery, etc. If the patient does not immediately explain, the facts are readily obtained in his delirium, or some artificial state. These facts are the evident memories of experiences of this kind and no one can doubt their existence.

In other subjects greater difficulty is encountered. They clearly recall the experiences of recent years which contain nothing of an unusual sexual character. Then their minds must be led back, step by step, until they recall the details of their first infantile impressions. In this way important memories which had been hidden can be revived

and the patients recall experiences of the following nature which occurred when they were little children, five or six years old. For instance, one patient remembers that he met a woman who was pregnant, another saw some dogs engaged in the sexual act, a third heard his parents' bed creak; these experiences caused in the subjects a prodigious emotion of which they cannot even think without shuddering.

In other subjects the difficulty is still further increased. With the best will in the world the patient cannot recall any experience of this kind. In this case his dreams must be studied. For example: one young man dreams of three stars; it is evidently an erotic dream, Maeder explains to us. "A brilliant actress is called a theatrical star, a lover calls his love a star. Ruy Blas is an earthworm, lover of a star; in Switzerland the young girls speak between themselves of their sexual parts as their star." A young girl dreams of a sailboat on Lake Lëman; now these boats carry a sail of a certain peculiar shape, and they remind the girl of a sword or of a pointed object directed toward the sky; the interpretation is clear. Still simpler is the interpretation when the dream is of a snake — particularly of a snake-dog — the dream of the garden; "I am in a large shaded garden which a gardener is watering"; the dream of a house and of a cave, the dream of a bird, etc.¹ These are the symbols by which we are led to the traumatic memories with a sexual content.

If, however, this is not sufficient, we must know how to interpret sentiments that the patient has experienced in various circumstances. For example, the patient tells you that at certain moments he has wished he were the son of some grand personage, of a king or a great financier, instead of being the son of an insignificant tradesman. Now this is very significant; it means that at those moments he had had a desire to have nothing more to do with his father — to put him to one side. What can be the explanation of such a wish? Evidently he had this wish because he has a sexual love for his mother, and consequently looks upon his father

¹Cf. A. Maeder, "*Essai d'interprétation de quelques rêves*," *Archives de Psychologie*, Genève, April, 1907.

as his rival. This is the famous "Œdipus-complex," which plays a very important part in this somewhat peculiar psychology.¹

I will cite a few examples: A young man recalled that his first love was a woman much older than himself. This proves that he had experienced a sexual love for his mother, and had transferred this sentiment to women older than himself; for him these women were "supplementary mothers." Another young man recalls that on several occasions he felt somewhat attracted by women who were flirtatious and of doubtful virtue. The interpretation is simple. It is evident that in the past he had had an amorous passion for his mother, and that the nature of the relation which existed between his father and mother had filled him with despair; the "Œdipus-complex" became active and he experienced the wish that his mother should be unfaithful to his father, probably to his own gratification. This infantile romance is responsible for the fact that many men have a weakness for light women and an immoral life.²

Moreover, the simpler experiences can be interpreted in the same way. If the subject in his infancy used to make sand pies, or, previous to that, had sucked his thumb; it indicates precocious sexual perturbation; later on a love for piano music is closely connected with masturbation.³ We must be very suspicious of sensations and sentiments relative to the anus in infants. It is said that "the anus is a small part of the erotic zone" which may be developed independently of the others. Enteritis, which is frequent in infancy, over-excites this zone and lays a foundation for special neuroses. Kurt Mendal, in a way that is doubtless somewhat ironical but very striking, expresses this anxiety of the Freudians in interpreting phenomena relative to the anus in small children. "Perhaps," said he to his child, "you did not wish to go to the closet before going to bed and you refused to empty the rectum because you hoped to experience a voluptuous pleasure from defecation; that is why you

¹Cf. Richard Wagner, "*Ein Beitrag zur Psychologie des künstlerischen Schaffens*," Leipzig, 1911; *American Journal of Psychology*, 1911, p. 420.

²S. Freud, "*Beiträge zur Psychologie des Liebeslebens*," *Jahrbuch für Psychoanalytische Forschungen*, 1910.

³E. Jones, "The Pathology of Morbid Anxiety," *JOURNAL OF ABNORMAL PSYCHOLOGY*, July, 1911, p. 103.

take pleasure in retaining the excrement.¹ Unfortunately, I cannot dwell upon these interpretations, which are very numerous and ingenious in the works of this school. I must content myself with having indicated a few examples of how the Freudians are able to establish, in spite of the subject's dissimulation and forgetfulness, the existence of a traumatic memory with a sexual content in all neuropaths.

On the second problem, relative to the rôle these sexual troubles and memories are able to play in the neuroses, the Freudians present a doctrine equally peculiar to themselves. They affirm that in every neurosis these sexual troubles and memories are not simply *one cause* of the disease, but they are the *essential and only cause*. In the same way that at present syphilis is considered as the specific cause of tabes and general paralysis, so these sexual troubles and memories are the specific cause of neuroses.

The demonstration of this thesis, seducing by its simplicity, is given in different ways. Sometimes it is made by a bringing together, a comparing of symptoms which have been observed in the disease with phenomena which exist in the sexual disturbance. Let us examine, for example, the phenomenon of anxiety, which is so common in neuropathic disturbances and particularly in psychasthenics. This anxiety, which Freud (1895) considers to be a disease in itself, presents various symptoms — respiratory disturbances, palpitation, flushing, pallor, perspiration, dryness of the mouth and peristaltic contraction of certain muscles which are identical to the contractions of sexual gratification. The explanation is quite natural; the anxiety is an incomplete sexual gratification, an imperfect gratification, and is seen in those who are in the habit of interrupting the sexual act before its completion. When, for various reasons, the sexual desire cannot follow its natural course, when it is turned from its natural end by moral restrictions, by the celibate, the practice of incomplete coitus, etc., it is repressed and acts subconsciously and manifests itself by the disturbances of anxiety.

More often the demonstration of sexual troubles and the memory of them is made by a method which I might call

¹Cf. Ladame, "*Névroses et Sexualité*," *L'Encéphale*, 1913, p. 163.

symbolic construction, in which the principles already established in repression and transference can be applied. Given a pathological symptom one attempts to ascertain in what way this symptom might be constructed, if one takes a sexual trouble as a starting-point, and transforms it by transference and repression. If this construction furnishes us with something which seems to be analogous to the symptom under consideration, we may say that this symptom has really had its origin in the transferred sexual trouble.

This ingenious method can be thoroughly understood only by studying some examples. When disturbances of sensibility, anesthesia, or disturbances of vision are established, simply endeavor to discover in what way a sexual trouble — shame at sexual impotency, for example — may produce disturbances of vision. We know that various sensations, apparently distinct from the sexual functions may, however, be associated with them; just as the mouth serves us not only in eating but also in kissing, so the eyes serve not only to direct our steps but they may also serve to show us the features of a loved one. When there is shame connected with some sexual experience there is a repression of the sexual instinct, and the sexual curiosity of the eyes is checked and repressed at the same time. This leads to a serious disturbance in the relation of vision to consciousness. The “I,” the ego, owing to the stern repression, loses domination over the eyes, and the entire vision, relegated to the service of the repressed sexuality, passes into the subconscious. The legend of Lady Godiva is a good example of hysterical blindness. This beautiful woman was condemned to ride through the streets naked, and the inhabitants of the town imposed upon themselves the obligation of shutting the blinds and closing their eyes so that no one should see her. They made themselves blind through a fine chivalry. Who would be able to resist so poetic an explanation?¹ Let me give other applications of the same method of demonstration simply for the examples. It is ascertained that a woman is devoid of sexual feeling; the explanation is simple. When at the age of adolescence she cherished a

¹S. Freud, *Die psychogene Sehstörung in psychoanalytischer Auffassung*, 1910; cf. Acher, “Recent Freudian Literature,” *American Journal of Psychology*, 1911, p. 426.

guilty passion for her father (see Œdipus-complex) and violently repressed these incestuous sentiments. The repression was too intense and resulted in a sexual coldness lasting all her life.¹ A man manifested homosexual tendencies; a simple explanation is readily found. When he was very young he loved his mother intensely. At first glance it may perhaps seem surprising that this love for his mother should now determine a love for young boys, but this fact is, however, quite simple. Little boys always imagine that their mother has a male organ, identical to their own; the ancient hermaphrodite divinities were represented as females with male organs superadded, exactly as little children imagine their mothers to be; in this way the children only repeat the old beliefs of the race. If this explanation is not satisfactory the facts can be otherwise accounted for. Many a person who has had an excessive affection for his mother has repressed this sentiment; the strong repression renders him incapable of loving other women and, by excess of virtue, he becomes a pervert, a homosexual. If this explanation displeases you it can be immediately replaced by another (one of the great advantages of these symbolical demonstrations is that they can, with the greatest ease, be varied to infinity), viz., the child had so intense a sexual love for his mother that he finally succeeded in identifying himself with her, in confounding himself with her, and is possessed by the same sentiments she herself feels. Now the mother loved her child; that is to say, she loved a little boy; consequently, as he possesses the same sentiments as his mother, he also loves a little boy. The boy he loves is simply a memory of himself as a child, and he loves this boy as his mother loved him in his childhood; he loves this boy through loving himself — it is a sort of Narcissism. By loving a boy he remains faithful to his mother, while he would be unfaithful to her if he loved a woman.² All neuropathic symptoms, whatever they may be, can be studied in this way; by the methods of symbolic construction it is easy to demonstrate that they are all the

¹J. Sadger, "*Aus dem Liebesleben Nicolaus Lenau*," *Schriften zur angewandten Seelenkunde*, 1909; Acher, op. cit., p. 432.

²S. Freud, *Eine Kindheitserinnerung des Leonardo da Vinci*, Wein, 1910; R. Acher, op. cit., p. 414.

more or less direct consequences of sexual memories which in early childhood were foolishly repressed.

These studies can be made very precise. By them it can be shown that certain incidents of the sexual life conduce to such or such a pathological symptom. In fact, we can ascertain that the unfortunate sexual experience usually took place in infancy. "If the original sexual experience does not take place before the eighth year, hysteria will never follow as a consequence." The trace of the first sexual traumatism is, in the beginning, insignificant; later, toward the age of puberty, a conflict takes place between the sexual instinct and social ethics. This conflict causes a répression into the subconscious of the memory of various sexual scenes which the young man or woman has witnessed and the neurosis appears. This takes different forms according to the nature of the initial traumatism. If the child has taken a passive part in these sexual experiences — bear in mind this must occur before the eighth year — the neurosis later takes the form of hysteria. If, on the contrary, the child has been the aggressor, has taken the active part, the neurosis takes the form of obsessions and phobias, more properly psychasthenia. This would seem to be the reason that hysteria is more frequent in women and psychasthenia in men (?). In his study, *Zur Ätiologie der Hysterie*, 1896, Freud declared that these pathological discoveries would be to neuropathology what the discovery of the sources of the Nile had been to geography, that is to say, the greatest discovery in this science of the twentieth century. The other neuroses, moreover, have equally precise causes; masturbation is the only cause of neurasthenia; the anxiety neurosis (which Freud considers as a special disease) is caused by incomplete coitus or exaggerated abstinence, etc. These interpretations, therefore, permit of a very precise diagnosis.

It is only just to say that later, in 1905, Freud realized that he has been mistaken on some points by the inexact memories of some patients, and he seemed no longer to give so precise an etiology to the various neuroses. To quote Ladame, Freud seemed to have relinquished the discovery

of the sources of the Nile.¹ But he always maintains the fundamental principle, namely, "that in the normal sexual life a neurosis is impossible." He continues to give to the neuroses, and even to certain psychoses such as dementia præcox, a single and truly specific cause, namely, a sexual trouble caused by an experience which is conserved in the form of a traumatic memory.

Of course the discovery of the specific causal agent of the neuroses gives a therapy at once simple and precise. Normal and regular coitus will then suffice to cure all neuropathic disturbances. Unfortunately, as Ladame remarks, this excellent medical prescription is not always easy to apply. Freud himself mournfully remarks that one great difficulty in following this advice is found in the danger of the too frequent pregnancies which restricts normal and regular coitus. The precautions which are used to prevent conception, the unnatural practices, the using of various preventives, all of which are deplorable, are always injurious and nullify the good effects of regular and normal coitus. Cruel enigma! Freud begs physicians to devote all their efforts and intelligence to find a preventive that may satisfactorily meet all the exigencies of a coitus; something that can be used without danger and without lessening enjoyment, and which will prevent both conception and injury to health. "He who shall succeed in supplying this lack in our medical technique will conserve the health and the happiness of innumerable persons."²

It is impossible to undertake here a discussion of all the studies which Freud and his pupils have accumulated on sexuality. I must confine myself to discussing it from a clinical point of view and to comparing the preceding opinions with the present conception of psychological analysis. This conception, which is perhaps much less interesting, is the one held by the old psychiatrists and still maintained by those who confine themselves to observation and cautious induction.

On the first point, the frequency of a traumatic memory

¹Ladame, "*Névroses et Sexualité*," *L'Encéphale*, 1913, p. 71.

²Cf. Ladame, "*Névroses et Sexualité*," *L'Encéphale*, 1913, p. 179.

of sexual content in neuropaths, the difference between the two conceptions seems at first glance to be slight. Psychological analysis has always recognized that neuropaths frequently have sexual troubles, sexual experiences, and that they often conserve dangerous and distressing memories of them. Every doctor has heard neuropaths, both men and women, complain that they have suffered greatly through an unfaithful lover, that they are distressed by the memory of a sexual failure, that they believe they have become impotent, etc. All writers have published similar facts and Freud is simply in accord with them when he, in his turn, describes sexual disturbances.

The difference between the two points is simply a difference of degree, but this difference is fundamental. In all cases where Freud says "*all* patients," psychological analysis says "*some* patients or a large number of patients." Here we find again the difference between unlimited generalization and precise verification. In order to understand this restriction it is necessary to be agreed as to the meaning of the term "sexual experience." As a matter of fact it is undeniable that every one in the world has, in a certain sense, had sexual experiences, particularly if we include symbolic interpretations. The birth of a little brother, the first menstruation, a secret love affair, the hearing of some scandalous story about an unfaithful husband, etc., all these may be called sexual experiences. It is evident that, as the entire human race have, in this sense, had sexual experiences, the neuropaths have had them also. But this banal observation gives no information to the physician on the etiology of the neuroses since it applies equally to patients and those who are in good health. It is then a question of a sexual experience serious enough to have distressed the subject and to have left a painful memory, a memory capable of reproducing the original emotion, fatigue, and psychological disturbances. If sexual experience is understood in this last sense, psychological analysis, contrary to psychoanalysis, does not ascertain that all neuropaths have had such sexual experiences, and observes such traumatic memories in a limited number of persons only.

It is difficult to accurately determine the proportion of

neuropaths in whom troubles of this kind are found, first, because observations have not always been precisely conducted to this end, and, next, because the number must be extremely variable according to the environment in which observations are made. Oppenheim, 1910, admits only a small proportion of patients clearly afflicted with sexual troubles; it is true that this writer is chiefly concerned with the problem, which we shall touch upon presently, of the rôle of sexual troubles, and that he counts only the patients in whom such troubles have actually determined the disease. Loewenfeld and Ladame seem disposed to recognize such troubles more often, in about three-quarters of the cases. Recently Dejerine, in his book on the psychoneuroses,¹ affirms sexual preoccupation in twenty-two out of one hundred cases. I have not made exact statistics, but I incline to the figures of Loewenfeld and Ladame, and I am willing to say that sexual troubles and distressing memories with a sexual content are ascertained in three-quarters of these neuropathic patients. Later on I shall indicate the importance of the part that these troubles have played in the disease. The exact figures are not important, for I believe they would vary greatly. If Freud simply said that his estimate was very high, that in the district where his observations were made genital preoccupations and sexual disturbances are more frequent than elsewhere, I should not presume to contradict him. I have always thought that Paris was pre-eminent in this respect. The only point that seems to me of importance is that psychological analysis does not find such troubles in all neuropaths without exception, and that a traumatic memory of sexual content is not invariable and essential to neuropaths, as is syphilis in tabes.

This fact can be put in evidence by the most simple observation. Psychological analysis maintains that there are a large number of neuropaths who complain in no way of their sexual functions and who have conserved no painful memories relative to a clearly determined sexual experience — no matter what method of examination is used. I recall one case, for example, that seems to me very clear, that of a

¹Dejerine and E. Gauckler, *Les manifestations fonctionnelles des Psycho-névroses*, 1911, p. 344.

young woman which I have previously described.¹ This patient has been under my observation for more than ten years and she presented the most serious and prolonged hysterical phenomena. Her father was a drunkard and died of delirium tremens; her mother was a confirmed psychasthenic and died of pulmonary tuberculosis. The patient was infected with typhoid fever, was worn out by poverty, overwork, and night watching. At the time of her mother's death, which was very dramatic and shocking, the patient suffered a terrible shock. After this, for ten years, she had a succession of the most remarkable neuropathic disturbances. Though I followed her case attentively and knew all her thoughts in all the psychological states, I can affirm that she never had sexual disturbances, properly speaking, nor sexual experiences which had made a lasting impression. A working girl, born and raised in an easy-going environment, she had early become acquainted with all sexual matters without attaching special importance to them; she is capable of experiencing normal sexual sensations, but does not seek them nor repel them. It is difficult to imagine a more normal sexual life; nevertheless she is one of the greatest hysterics I know. The same observation is true in many hysterical patients; also in psychasthenics who have obsessions or phobias relative to other facts but who are wholly normal from a sexual point of view. The existence of such persons, even supposing them to be rare, seems to be incontestable; but this is absolutely denied by the Freudian school; they maintain that a neurosis cannot co-exist with a normal sexual life. Here we have a very distinct difference between psychological analysis and psychoanalysis.

Another point is also important and indicates this difference. An impartial psychological analysis observes in neuropaths other disturbances and other traumatic memories which it is not legitimate to confound with memories of sexual experiences. As I have previously said in my studies on the psychological treatment of hysteria: "Emo-

¹"*L'Amnésie et la dissociation des souvenirs par l'émotion*," *Journal de Psychologie Normale et Pathologique*, September, 1904; *L'Etat mental des hystériques*, second edition, 1911, p. 506.

tions of a sexual order evidently exist; they are natural if one realizes that it is a question of sentiments which are the most frequent, strongest and the most fertile in emotions of all kinds." But it must be said in the beginning that it is not always a question of true sexual excitation, love being a very complex sentiment which can clothe itself in many forms. It must, too, be recognized that hysterical troubles often have their origin in fixed ideas of a very different nature. One patient is inconsolable because of the death of her mother or child, another because she has been accused of theft, etc. We must remember the innumerable traumatic hysterias determined by the obsessing memory of a shock, or of any accident whatsoever. In a word, all memories, all thoughts capable of provoking strong and lasting emotions may play the rôle of fixed ideas and become the starting-point of hysterical disturbances. We are only justified in saying that according to the age, the education, the social position of the patient, certain fixed ideas are more frequent than others.¹ We must begin by eliminating all these other emotions, by demonstrating distinctly and not by symbolic constructions that they are really identical with sexual emotions in order to take account only of the latter; and psychological analysis believes this demonstration to be absolutely impossible.

Quite to the contrary, we are disposed to believe that among these other experiences and memories are found extremely important phenomena which it is quite as necessary to take into account as the sexual emotions. Recently, I. H. Coriat, of Boston, made an interesting study of certain cases where a psychological system relative to disgust played a part.² Boris Sidis³ gives great importance to the tendencies related to fear; he commences his article with the fine phrase of Rudyard Kipling: "Fear walks up and down the jungle by day and by night." Sidis points out that in olden times fear must have played a large rôle in the world, and that the evolution of man from beast, following a thought

¹"*Traitement psychologique de l'hystérie*," in the *Traité de Thérapeutique* of A. Robin, 1898, xv, 149.

²I. H. Coriat (of Boston), "Discussion of the Symposium," *JOURNAL OF ABNORMAL PSYCHOLOGY*, July, 1911, p. 167.

³Boris Sidis, "Fear, Anxiety and Psychopathic Maladies," *JOURNAL OF ABNORMAL PSYCHOLOGY*, July, 1911, p. 120.

of William James's, has been characterized by a decrease in the occasions of fear. Sidis considers that the exaggeration of the instinct of fear is often the fundamental cause of psychopathic troubles. A system analogous to the Freudian one could easily be constructed by taking fear as the basis. I should be disposed to add other facts which have a close connection with tendencies which we do not thoroughly understand, but which, in my opinion, play a large part in human conduct, namely, the tendency to escape from depression and to seek excitement. The disturbance of these tendencies is the starting-point for a large number of obsessing and impulsive ideas, as I have often attempted to show. The study of these diverse tendencies, all capable of causing experiences, emotions and memories, instead of the study of sexual tendencies only, is another characteristic which separates psychological analysis from psychoanalysis.

My *confreres* who reason after this fashion expose themselves to argument and are severely criticized by the confirmed psychoanalysts. J. E. Donley¹ and I. H. Coriat have had the audacity to say that their patients had other preoccupations than those of a sexual order. Dr. Coriat had one patient under observation for a year and a half. He analyzed the patient's conduct and made a study of his dreams, but, to his great surprise, he found neither phenomena of conversion nor fixed ideas of sexual content. These subversive observations have been sharply condemned and their authors have been told that such studies are absolutely worthless: "You have not applied the method, the one, the true; you have not used the Galilean telescope; if you had made a psychoanalysis of the subject you would have found a large number of sexual troubles, sexual experiences and traumatic memories." Let us understand each other; if the method of psychoanalysis consists in finding sexual ideas at any cost, even by permitting the most improbable and preposterous interpretations, it is evident that these writers and myself have not used psychoanalysis, but have we done wrong not to use it? The excessive use of this method of interpretation is precisely what is under dis-

¹J. E. Donley, "Freud's Anxiety Neurosis," JOURNAL OF ABNORMAL PSYCHOLOGY, 1911, p. 130.

cussion. Before demanding its constant application without discrimination, it is necessary to demonstrate its legitimacy by showing, without interpretation, the generality of traumas of a sexual nature in the neuroses. Unless we desire to fall into this most obvious vicious circle, we should seek these sexual troubles without psychoanalysis by the means of ordinary psychological analysis and according to the rules of this commonplace method; we have no right to invent such sexual troubles. By what right should a method, which our own observations evidently contribute to discredit, be imposed upon us? Oppenheim (Berlin), 1910, said that psychoanalysis was a modern method of torture; the expression is rather strong, for the psychoanalysts, I hope, torture only their own imaginations. "It is not necessary," said Coriat, "to push analysis to the point where logic and reason are replaced by the imagination of the analyst."¹ For us this method has been above all a method of arbitrary and symbolic construction; it shows how things *might be* explained in the case where the sexual origin of the neuroses is definitely admitted. There is no reason to apply it as long as this principle has not been demonstrated. The preceding observations then retain their value and put in evidence the difference which exists between the two doctrines *à propos* of the frequency of traumatic memories of a sexual order in the neuroses.

This first discussion is not sufficient, for we recognize that in three-fourths of the cases there are really sexual disturbances and preoccupations relative to such disturbances. Let us now attempt to ascertain how important a place psychological analysis has given these disturbances in hysteria.

In some cases we have no hesitation. It is readily seen that the disease distinctly appeared soon after a sexual experience, and that there had been no trace of such trouble previous to this experience. It is seen that the patient recovers when the sexual function is relieved, that the other symptoms disappear only after the disappearance of the sexual troubles. Modifications of psychological symptoms

¹I. H. Coriat, "A Contribution to the Psychopathology of Hysteria," *JOURNAL OF ABNORMAL PSYCHOLOGY*, 1911, p. 60.

are obtained only by modification of sexual ideas and actions. In a word, the most correct application of the methods of observation and induction shows us that the sexual disturbances are the antecedent of the neuropathic symptoms. We admit then that in these cases the sexual experience had determined not only a memory but a strong emotion and exhaustion, with lowering of psychological tension, and that without doubt this has been the cause of the illness. At the most we should be able to say that the pernicious character of the experience was due to the emotion and the resulting exhaustion rather than to the sexual character properly speaking. But this is of little importance. Here we are in accord with Freud in attaching the onset of the disease to the sexual experience. Moreover, all writers have long agreed in admitting facts of this kind.

But is it necessary to understand in the same way the cases, by far the most numerous, where we see sexual troubles appear at any time whatsoever during the illness, disappear irregularly, while the disease persists; cases in which, in a word, the determining cause of the symptoms is not at all clearly seen? Freud tells us that in all these cases we must always consider the sexual trouble as primary and essential, simply because a certain analogy between the symptoms of the disease and sexual phenomena can be perceived; because anxiety resembles in some ways the outward manifestation of sexual gratification, therefore anxiety must be a sexual trouble. We have never admitted vague analogies of this kind as sufficient proof of a determining cause; moreover it is possible to interpret the symptoms in quite a different manner. Anxiety also bears a resemblance to fear, or surprise, or cardiac trouble; if we are to be guided only by the analogy how shall we know to which of these troubles the symptoms belong? The important fact to ascertain is, under what circumstances the anxiety is manifested. I have attempted to show that it appears in patients suffering from depression and who are incapable of correctly executing certain psychological phenomena of high tension. For this reason I have been led to suppose that it is a discharge, a diverting of force affecting the apparatus of the organic functions, which is produced when the superior

phenomena cannot be executed. Various observations and experiments on the production and suppression of anxiety seem to confirm this simple hypothesis.¹ However that may be, one thing seems certain, namely, that anxiety appears in connection with an insufficiency concerning any act whatsoever and not solely following sexual insufficiencies. The vague analogy of symptoms with sexual phenomena is not sufficient reason for giving preponderance to sexual phenomena in the interpretation of the disease.

Of course we do not consider that the apparent analogies obtained by symbolic construction have been at all demonstrated. To say that a symptom *can*, by straining a point, be explained by one of these constructions does not at all prove that it *must* be so explained, and that it cannot be explained by some other. As a matter of fact, there is no demonstration which permits of generalizing the rôle of sexual phenomena; it is a question solely of imaginary constructions which we may adopt or not according to our preferences.

But, unfortunately, we encounter here a difficulty which has been pointed out long since by psychological analysis and which does not leave us wholly free to follow our preferences on this point. Taking up again an idea which had often been advanced by the old alienists I attempted to explain, in my book on the obsessions, 1903, that we know, in a measure at least, the determining cause of sexual troubles in certain neuropaths. In many cases we can establish the fact that these sexual troubles instead of being the whole cause of the nervous disturbance are, on the contrary, the consequence and expression of it.² I see that now F. Lyman Wells looks at this question in the same way: "The sexual life," says he, "is in our civilization somewhat trying, and it is one of the touchstones of the power of mental adaptation. The disorders of sexual conduct are one of the most frequent and most inevitable manifestations of nervous diseases."³ Ladame calls attention to

¹*Obsessions et Psychasténie*, 1903, pp. 224-33, 561-6, 736.

²*Obsessions et Psychasténie*, 1903, I, p. 623.

³F. Lyman Wells, "Critique of Impure Reason," *JOURNAL OF ABNORMAL PSYCHOLOGY*, June, 1912.

several writers who also understand the question in this way and seem to have reached the same conclusions.¹

As this point is of great importance I beg permission to quote from some of my former studies on this subject. After having shown that the sexual life of the psychasthenic is often disturbed, I added that certain patients state the fact with resignation while others worry about it and make desperate and ridiculous efforts to recover the lost paradise, and this brings about innumerable obsessions of a sexual character. "I admit then," said I, "the facts pointed out by Freud" (the sexual preoccupations in the obsessed), "but I believe they should be otherwise interpreted. Freud considers a sexual trouble, for example insufficient sexual satisfaction, as the primary fact, resulting from exterior circumstances or the voluntary conduct of the patient, and he considers that it is this accidental insufficiency of sexual excitation that determines the entire neurosis. This insufficiency is far from being primary or depending upon circumstances. . . . Even in masturbation, even in incomplete coitus, certainly in normal coitus, these persons would be able to find sufficient satisfaction if they were normal. But they are not normal and this insufficiency of sexual emotion is only one manifestation, a particular example, of their psychological insufficiency. It is because they become more and more incapable of making the mental effort which is necessary to carry an idea through to its legitimate end that they arrest themselves midway in the sexual emotion, just as in the other emotions."

This opinion which I upheld some years ago seems to me still sounder to-day, and many new observations have come to confirm it. In many patients we can ascertain true amorous obsessions which are even accompanied by erotic gestures and sexual excitation when there is really no sexual disturbance, properly speaking, as a starting-point. These patients constantly manifest their affection, they constantly seek to be noticed, they dream only of caresses and seem "constantly to reach out toward something which they await with impatience as if they yearned for love." We are not justified in attributing all this to the ungratified sexual

¹Ladame, "*Névroses et Sexualité*," *L'Encéphale*, 1913, p. 65.

needs. As a matter of fact these patients are really suffering from a terrible fear of isolation, from the impulsive need of loving and of being loved which is associated with the need of direction, the need of stimulation, and the sentiments of incompleteness which accompany depression. These amorous obsessions are the equivalent of authoritative obsessions, of obsessions of jealousy, or, indeed, impulsions to take alcohol or morphine. They alternate in the same patients with the impulsions to seek poisonous excitants; they appear with the attack of depression and disappear as soon as the psychological tension is relieved. A great error is committed in considering them as primary and in attaching them to some old or recent sexual traumatism when they are only the expression of the depression itself.

Other patients, on the contrary, seem to suffer from a sexual coldness; they complain that they never experience complete sexual gratification, of having only a partial satisfaction, and they are quite disposed to believe, like the psychoanalyst doctor, that this coldness, this incomplete coitus, is the primary and essential cause of their nervous illness. The following observation is interesting in this connection: a woman thirty years old, Newy, recently married and already pregnant, has always remained completely indifferent to her husband's approaches. "My husband is not all to me that he should be," says she. "That is the reason why I am ill; I feel nothing when I am with him, there is a gulf between us, he is unable to make me love him. . . . Though I wished so much to be married I experience no feeling in marriage, and I now think I will leave my husband, to escape, no matter where. . . . It unnerves me to feel nothing, to be like a piece of wood, and this is what makes me ill."

Let us note first of all that the disturbance is much more general than the patient thinks. All the sentiments are involved; notice the curious disturbance of the sentiment of ownership. "Nothing in this apartment belongs to me. . . . I am not at home in any of these rooms, they seem strange to me and like a vault. These clothes, these gowns that were bought for me from the beginning of my betrothal do not belong to me. . . . If I dared I would hunt

up my old clothes and put them on for those are mine. . . . If I attempted to-day to buy something for the house I should not be able to undo the package when I returned, for the contents would not belong to me and would not interest me. Any one can take everything that is in the house, I will keep nothing; I am attached to no object and to no person." Not only all the sentiments but all the actions are disturbed; she can do absolutely nothing: "I do not know how to settle myself here and to put things in order. If I attempt to do anything I feel exhausted in advance and begin to weep without accomplishing anything; my actions are unreal. . . . I cannot even decide to go to sleep. . . ."

These general disturbances antedated the sexual relations with her husband; they were in existence from the beginning of her betrothal and even before, although they were less noticeable. This patient is a woman of extremely weak will who has always lived with her mother and sister, and they have directed all her actions: "My mother and sister decided everything for me and I was lost, confused, if I found myself a moment without them." Newy had previously had attacks of scruples, less severe, it is true, than the disturbance in question, but characteristic, when she was staying with an aunt at a distance from her mother and sister.

Under such conditions it seems to me it would be a serious mistake to attribute all these troubles to a sexual origin and to make her confess, as would be very easy, to previous masturbations of which she is only too ready to accuse herself. This patient is unable to normally perform the sexual act, just as she is unable to normally acquire any object, or to order her dinner; the sexual aboulia is only one manifestation of her general aboulia. It is a question of a person who has been in a depressed condition for several years, whose depression arises from many causes, from heredity certainly, from education, which has been absurd, and from bad physical and moral hygiene. She was predisposed to be exhausted by her betrothal; she was upset at leaving her mother and sister, by the novelty of married life, by the change of home, and, lastly, by the beginning

of her pregnancy. This exhaustion, this lowering of psychological tension, has disturbed all her actions, and in particular has rendered impossible acts of acquisition with the sentiment of ownership, and the sexual act with pleasure, because these are precisely psychological actions of high tension. The proof of the justice of this interpretation lies in the fact that, little by little, the patient regains a more normal attitude, even though no attempt is made to modify or reorganize her sexual relations. The improvement has come from hygienic care, a moral direction which has diminished the difficulties of making any decision, and a gradual education of her initiative powers. Then suddenly one day the patient is quite astonished to find that she feels a sense of ownership in the furniture of her house. "The dining-room is really mine though the bedroom does not yet seem to belong to me. . . ." When at last she succeeds, with much help, in getting up a little dinner at home she is proud of it and is in a condition normal enough to love her husband, to attain complete sexual satisfaction, and is able, which she had thought impossible, to sleep near her husband the whole night. Afterward the sexual function oscillates exactly as does the general activity; sexual feeling is less when all the other activities are lessened; it returns and is complete when there is an excitation of the will, though there has been no treatment relative to the sexual function. The same is true of many patients; many observations collected without prejudice and by simple experiments directed by the method of induction, show that some sexual troubles, apparently very serious, and the traumatic memories connected with them are secondary phenomena which depend upon the disease itself, but are very far from explaining it.

When I formerly expressed reflections of this kind on the secondary character of sexual troubles, I drew upon myself the same severe criticism already heaped upon Drs. Coriat and Donley. Dr. Jones, in his studies on the pathogenesis of morbid anxiety,¹ quotes the opinions I expressed, but without discussion; he

¹E. Jones, "The Pathology of Morbid Anxiety," *JOURNAL OF ABNORMAL PSYCHOLOGY*, July, 1911, p. 98.

sets them aside with the essential reproach; "Dr. Janet," said he, "has not made a psychoanalysis of his subjects . . . , if he had done so he would necessarily have ascertained that these failures of the sexual functions are specific troubles due to the first development of the patient's sexual life." Alas! Dr. Jones is right; I did not make a psychoanalysis, that is to say, I did not interpret the patient's words according to the sense of a prearranged, fixed dogma; and I was unable to make such a psychoanalysis precisely because I did not believe in the dogma; I was seeking to ascertain its truth. Dr. Jones reasons like the true believer who will admit no criticism of his religion; "I have read the sacred books," says the sceptic, "and I find many contradictions and incoherences therein." "That is because you have not Faith," the true believer replies; "if you had read the books with the eyes of Faith you would not have seen these contradictions." Alas! I clearly see that it is necessary to have faith if one would thoroughly comprehend the symbolic interpretations of psychoanalysis.

A number of writers have expressed astonishment at the mystical character of these studies on sexuality, and have asked how Freud was led to this conviction, and why he constantly and above all else finds sexual disturbances. Some of these writers have attempted to explain this curious illusion. Aschaffenburg advances the opinion that Freud questions his patients about their sexual life in a particularly impressive manner; that he suggests sexual matters to them in some way and causes them to reply according to his wish; that he takes seriously the most commonplace remark which may have any connection with sex, that he stops when he obtains such a clue and puts it into a mental constellation which he fabricates.¹ Friedlander and Ladame² proposed a still more curious explanation, namely, that Vienna has a special sexual atmosphere, that it has a sort of *genius loci*, a local demon who epidemically reigns over the population, and that in this environment an observer is inevitably led to accord an exceptional importance to questions relative to sexuality.

¹G. Aschaffenburg, "*Die Beziehungen des sexuellen Lebens zur Entstehung von Nerven und Geisteskrankheiten*," *Münchener medizinische Wochenschrift*, ii, September, 1906.

²*Névroses et Sexualité, L'Encéphale*, February, 1913, p. 160.

Both these explanations probably contain truth. I think, however, that in order to understand this doctrine it would be well to add still another possibility. The importance accorded to sexual experiences is a logical result, if I am not mistaken, of the character of Freud's first studies. As we have seen, Freud has attempted to transform, in an original way, the conceptions of psychological analysis regarding traumatic memories and subconsciousness by generalizing them beyond all measure. When one has made up one's mind to find in all neuropaths a memory of an emotional experience, capable of upsetting his mind; when one grants, *a priori*, that this memory must be always more or less repressed, disguised by symbols and metaphors, and that it will be disclosed by the patient only with effort and through overcoming his resistance, then one necessarily gets nearer to the disclosures of the secrets of sexual life. In our civilization the experiences which have most often determined both slight and strong emotions, the facts which men and women do not ordinarily care to speak of freely, facts which they express by allusions—these experiences are always of the sexual life. The manner in which Freud has understood traumatic memories and subconscious fixed ideas has led him to give this great importance to half-told sexual experiences. We need not be surprised that he has brought into this study his method of ingenious interpretation and of rash generalization. Let us also believe that this new study should be summed as preceding studies have been. Psychological analysis had ascertained, by virtue of observation and hypothesis, the considerable rôle of sexuality in the neuroses; psychoanalysis has transformed this notion and has made of it, if I may borrow a word used by Bleuler and Ladame, the dogma of pansexuality.

CONCLUSION

PHILOSOPHY AND PSYCHOLOGY IN MEDICINE

In the preceding analysis has a correct *résumé* of the studies of psychoanalysis been given? Many disciples of this school will contest this question and accuse me of having given to the word sexuality a meaning at once too literal and too coarse.

An article of Freud's seems to me to have summed up beforehand the criticisms to which I have exposed myself. A few years ago a woman who was separated from her husband suffered from depression and anxiety and consulted a young physician, a disciple of Freud's. This young doctor, apt pupil that he was, told the patient that all her troubles proceeded from a lack of sexual satisfaction, and prescribed a very simple remedy: "Return immediately to your husband or take a lover." I must confess, to my great shame, that this young *confrere* does not seem to have been so badly informed and that he seems to have correctly applied the doctrine he had been taught. Unfortunately, the patient felt unable to follow this prescription, and complained that she had been much distressed by such advice. Freud heard her grievance and in a vigorous article vituperated his too docile and compromising pupil.¹ This pupil, said Freud, had restricted the meaning of the words "sexual life," and had applied the term to purely somatic functions only, while psychoanalysis used the term in a much larger and more moral sense. All the tender and affectionate emotions should be considered as forming a part of the sexual life, for they have their source in the primitive sexual impulsion. When one speaks of these matters one must know how to "sublimate" the word sexual. . . . Henceforth, in order to escape the responsibility of these faulty applications of psychoanalysis, the director of this school proposes to have an international organization to which only those judged capable of correctly applying the principles of psychoanalysis will be admitted.

We will not dwell upon the oddness of this procedure or upon such a practice of wholesale excommunication of the heretics; we have already seen a similar situation in "Christian Science," directed by Mrs. Eddy. Let us only note that a large number of writers have warned us that it is necessary to take the words "sexual tendency" in a much more general and poetical sense than we have done. Jung maintains that the sexual instinct is the foundation of all our loves and all our wishes; the *libido*, according to him,

¹S. Freud, "*Ueber wilde Psychoanalyse*," *Centralblatt für Psychoanalyse*, 1910, iii, 91. Acher, op. cit., *American Journal of Psychology*, 1911, p. 425.

is the veritable life-force. Dr. J. J. Putnam also says that in order to understand the Freudian doctrine it is necessary to take the word "sexual" in the broadest possible sense; to conceive of it as including all the affectionate and uplifting sentiments, for our entire civilization consists solely in the transformation and sublimation of the sexual instinct.¹ Maeder advises us to take the word "sexual" in the way it is understood by the poet who says, "Hunger and love lead the world (*la faim et l'amour menent le monde*)."² Jones is still clearer; he explains to us that the sense in which Freud has used the words "sexual instinct" is the same as "*Volonté de puissance*" in the writings of Schopenhauer, or "*élan vital*" in Bergson's philosophy.³ One fact stands out clearly; all the terms employed by the psychoanalysts, such as "sexual instinct," "cravings of sexual gratification," "*libido*," etc., designate simply the "*élan vital*" of metaphysicians.

A number of writers have protested against this indefinite extension of the meaning of the term "sexual tendency." Otto Hinrichsen observes that Freud becomes a true mystic when he speaks of the *libido*, and that thanks to sublimation he stretches the signification of this term in such a way that he is able to apply it to everything. Ladame also protests against this abuse of language and recalls the remark of André Beauquier, "Words must be respected and handled with care; we must be fearful of opposing them, of perverting them by detaching them from their roots; words are not dependent upon us."⁴

I wholly share the opinion of these critics and I have for a long time fought against such abuse of language. At the time when the epidemic of suggestion — to which the psychoanalytic movement has much similarity — raged in France, the enthusiasts insisted that all psychological or physiological phenomena were caused by suggestion; all illness was suggestion, all cures were suggestion, all instruction was suggestion; religion was suggestion, etc. As these enthusiasts, moreover, dispensed with defining sug-

¹J. J. Putnam, "Personal Impression of S. Freud and his Work," JOURNAL OF ABNORMAL PSYCHOLOGY, Dec., 1909-Jan., 1910, p. 375.

²A. Maeder, "*Le Mouvement Psychoanalytique*," *Année psychologique*, 1912.

³E. Jones, "Papers on Psychoanalysis," 1913, preface, p. xi.

⁴Ladame, "*Névroses et Sexualité*," *L'Encéphale*, 1913, p. 59.

gestion and attributed to it any phenomenon whatever which entered the mind or the brain in any way whatever, they had a grand opportunity to triumphantly declare that all was suggestion. I attempted to protest against this way of confusing things, which is as unfortunate for the philosopher as for the physician. To-day, when the same play upon words is recommenced with words which should be used with still more care — the words “sexual desire” — I must repeat the same protestations.

These oratorical exercises are very simple; by using a little interpretation, displacement, dramatization and elaboration, and a very little critical mind, one can generalize in this way on any subject whatsoever and make everything out of anything. Yesterday the neuroses were all suggestion, to-day they are all sexual disturbances, to-morrow they will be all disturbances of the moral or artistic senses. And why limit ourselves to the neuroses? Not long since tabes was attributed to sexual excesses and finally the patients themselves, as well as the physician, believed this to be true. I would undertake to demonstrate in the same way that tuberculosis and cancer were the indirect and unforeseen consequence of masturbation in little children. I do not believe there is anything worth our while in all this play upon words.

These oratorical exercises are not only insignificant and useless, they are very dangerous. Such a play upon words might be excused if it concerned only words coined for this particular school, words which had no preceding significance, as is the case in the phraseology of metaphysicians. But the words “suggestion,” and “sexual desire” have already a precise meaning in our language; if we begin to “sublimate” them we give two meanings to the same word, which certainly will not contribute to the clearness of discussion. While taking the word in the sublimated sense we shall preserve images and meanings which are associated with the material sense. Thus the psychoanalysts, while admirably sublimating the word “love,” continually speak of the “Œdipus-complex, the masturbation of Narcissus, the little children who observe dogs during the sexual act, and of the railway station which represents the coming and

going in coitus." Such confusion is not favorable either to the study of the "*élan vital*" or to that of sexual phenomena in humanity. This so-called sublimation would result in confusing the highest tendencies of the human mind with instincts which are common to all the animals. Even though it shall be historically established that a superior tendency is derived from an inferior one, still, it is superior, and has none the less the characteristics which belong to it. There is no reason whatever for confusing it with the tendency which served as its starting-point.

This confusion, which is deplorable in any science, is, if possible, still more confusing in medical studies. We may be able to explain it to ourselves by examining a problem which is particularly interesting to physicians, the problem of the treatment of the neuroses. Psychoanalysis has actually been applied to the treatment of nervous diseases, and a large number of writers have reported the success they have obtained. No one dreams of doubting these cures which are, fortunately, frequent in the practice of psychotherapy whatever may be the method employed or the convictions of the physician. The temple of Æsculapius has cured thousands of patients, Lourdes has cured thousands of patients, animal magnetism has cured thousands of patients, Chirstian Science has cured thousands of patients, hypnotic suggestion has cured thousands of patients, and psychoanalysis has cured thousands of patients; these are incontestable facts. But, if I dare to speak my thoughts, this fact, interesting as it may be to the patients who are cured, has no great interest for the physician. What is interesting to us is the patients who are not cured, who implore our help, and the important question is to know if we can apply to them with some hope of success the treatment which has been so successful with others. It is not enough to be told that a patient has been cured by being plunged into the holy water, or by relating in great detail his first masturbation; the determining cause which unites the symptoms of the neurosis must also be made clear, and it must be proved that it was the bath or the confession which brought about a cure. Now that does not seem to me to be easy to prove; passing over the difficulty of verifying

cures of this kind, it is extremely difficult to eliminate other influences which may have modified the disease. The greater number of neuropaths are suggestible persons, suffering from fatigue and weakness, and often the treatment has been accompanied by a change of *régime*, physical and moral relaxation, and strong suggestion. These patients above all else suffer from depression, and this depression is relieved by all the causes of stimulation which accompany the treatment. They are happy because some one is occupied with them, that a new method of treatment is applied to them, a disputed treatment, strange and a trifle shocking in its apparent disdain of customary modesty. They are flattered that the observations made upon them serve to establish a medical method which is to cure all the ills of human kind; they experience a legitimate pride in the thought that they are collaborating with a great man in the reconstruction of medicine. Many patients before now have found a cure in animal magnetism because the long *séances*, the seeking for singular procedures and marvelous benefits, and the aspirations toward greater clearness gave an occupation to their lives and fed their imagination and vanity. If, by chance, such influences, unknown to the observer, have played a part in the cures which have been reported to us, are we certain of being able to obtain such cures again by applying solely the rules given by the Freudian school, but without adding to them the modifications of *régime*, rest, suggestion and stimulation which these observers have forgotten to speak of? This is why it is not very useful to report to physicians the thousands of cures that have been obtained, and why the physiological and psychological mechanism of these cures should be indicated with great precision; also the reasons for supposing that such or such a well-defined practice has been beneficial.

Psychoanalysis seems to utilize two processes of treatment. The first process can scarcely be explained in detail and for good reasons; it consists in advising the patient to practise regular and normal coitus, using an ideal preventive; "This perfect practice of sexuality will most often be found," according to these writers, "the only and the true remedy." The other method seems more susceptible of methodical

teaching; it consists, as I understand it, in generalizing the application of a procedure of examination which I myself pointed out in my first studies. I showed that it may be helpful, in certain cases of hysteria, to search for a traumatic memory which is apparently forgotten and buried in the subconscious, and lead the subject to give clear expression to this memory. For me, this operation was a simple preamble which gave me a better knowledge of the subject, and was a help in directing his moral treatment, and, having obtained this traumatic memory, I endeavored to dissociate it by suggestion or some other means. I still say to-day that this traumatic memory keeps constantly before the subject's mind some difficult situation to which he has been unable to adapt himself. The physician's part consists not only in discovering what this situation is, but in aiding the patient to adapt himself to it and to adjust it in some way. This adjustment seems to me to be the most difficult part of this kind of treatment, and the search for the subconscious memory serves solely as an introduction.

Psychoanalysis, though starting from the same point, presents the facts much more simply; it attaches, as we have seen, a colossal importance to the first process, the discovery of the traumatic memory, which, according to the teaching of this school, must always be of a sexual nature. This discovery, this bringing to the light of day, should be sufficient; the patient is cured when he becomes conscious of this memory of the sexual perturbation that he experienced during his early infancy, and which he unfortunately had repressed into the subconscious. "We have noticed," say Breuer and Freud in their first work on hysteria, "that the hysterical symptoms vanish, one after another, and do not return, when we succeed in bringing the provocative element to the full light of consciousness, and in awakening the affective state which accompanied it."¹ "As all the symptoms depend upon a sexual excitation deflected from its natural end it suffices to lead the patient's attention to the primary sexual phenomenon."² The majority of Freud's disciples seem to me still to admit this mode of treatment as

¹Breuer et Freud, *Hystérie*, p. 4.

²Freud, *Abwehrpsychosen*, p. 8.

essential. E. Jones, for example, sums up all therapy in the following formula: "It is sufficient to render the patient capable of disentangling the confused processes which lie deep within himself.¹ The recalling to full consciousness" of repressed sexual memories will be, then, the second process of treatment.

For those who are not initiated these two processes of treatment do not seem, at first sight, to be of an incontestable efficacy. In thinking of the ideal preventive which Freud demands for medical science, I cannot avoid thinking that, in certain cases at least, lovers have no need of it. There are married couples who desire children, but who are sterile; they have no need of any ideal preventive. How is it that we see neuropaths among such people? Now I know several examples of these barren homes where there is no venereal disease, where sexual intercourse has always been, according to both parties, absolutely normal, regular and satisfying; nevertheless, one of the two has shown very serious neuropathic disturbances. This reflection, I must confess, restricts my confidence in the efficacy of the first process of psychoanalytical treatment.

Several writers have made analogous observations in connection with the second process. I. H. Coriat points out, as I have also done, that fixed ideas do not necessarily disappear because they have become conscious; and that even after this takes place it will be necessary to fight against a psychological automatism which has become conscious but still persists.² Morton Prince remarks that these memories and ideas have become subconscious because they were in conflict with other ideas and sentiments of the subject. If they are brought back by force into consciousness, which will not tolerate them, they will quickly be again repressed and everything would have to begin over again and repeated indefinitely. E. Régis and A. Hesnard remark that it is not always prudent to talk at length with neuropaths about their obsessing ideas as there is danger of fixing these ideas more firmly in their minds.³ Many other considerations

¹E. Jones, Symposium of Dr. Morton Prince, p. 114.

²I. H. Coriat, JOURNAL OF ABNORMAL PSYCHOLOGY, 1911, pp. 60, 167.

³E. Régis and A. Hesnard, "La doctrine de Freud," *L'Encéphale*, 1913, loc. cit.

could be presented to show that such treatment cannot be accepted at first sight without question.

How are we to choose between these adverse opinions? How are we to judge of the value of these therapeutic methods before testing them ourselves? How are we to know which patients are most likely to receive benefit from them? We can decide these questions only by thoroughly comprehending the observations presented to us; by seeing very clearly from the literature of this school what class of patients is meant; to what symptom the treatment is adapted and how it has been applied. Never can the diagnosis, never can the formula be too exact, when it is a question of deciding upon the value of a particular form of treatment and of reproducing it.

At such times the inconveniences of the vague and metaphorical language of psychoanalysis are cruelly felt. Not only, as we have seen, is everything generalized beyond measure, but the terms all have a semi-mystical meaning, or, rather, they have a double meaning, and we never know how they must be interpreted. It is impossible to know exactly what a traumatic memory is, or a subconscious memory, and, more than all, just what the Freudians mean by sexuality and sexual disturbances. If we allow ourselves to take the words "masturbation," "incomplete coitus," "insufficient sexual satisfaction," literally, we shall be pointed at with scorn and accused of "*wilde Psychoanalyse*." We are obliged to divine that in certain cases "masturbation and incomplete coitus" signify "deficiency of esthetic satisfaction." But it is not necessary to sublimate in all cases. How are we to distinguish? How are we to give an account of the diagnosis of the disease and of the form of treatment which has been applied to it? It truly seems to me that this sublimation of words takes away all the value of psychoanalysis, and it is for this reason that in the first parts of this study I have thought it more just to use the words in their usual and intelligible meaning.

We shall be told, however, that the study of the relation between the sexual instincts and the sentiments of affection, the study of the relations between the sentiments of love, the arts, poetry and religion cannot be without interest.

Undoubtedly this is true; but here a serious misunderstanding exists which it is important to speak of. These problems are certainly interesting, but interesting from a particular point of view, and for a certain order of studies.

They are problems which, at least in the manner in which they have been discussed, belong to general philosophy, even to metaphysics. It certainly is not necessary to suppress metaphysics, and I beg that no one will attribute such a blasphemy to me. But it is necessary to leave it in its proper place, to discuss it in the "*templa serena*," in the peaceful atmosphere of a congress of philosophy; it is absolutely necessary to avoid taking it to the patient's bedside and to the hospital where the atmosphere is not friendly to it. For my part I do not at all believe that religious and moral ideas arise solely from the sexual instinct, and I think there would be much to say on this point if we could look at it from the point of view of general philosophy; but I will restrain myself from beginning this discussion before the Congress of Medicine between a paper on dementia præcox and one on typhoid fever. No doubt ideas and words must from time to time be reformed by philosophical speculations, but it must be left to the philosophers to make these reforms at their leisure and wait until they are in accord before adopting them in scientific language. The practical science of to-day must use ideas and words as they are understood in the thought of the time. Unless we wish to go back to the Tower of Babel we must not apply to medical observations and studies, philosophical conceptions that we imagine at pleasure and which the philosophers themselves have no wish to adopt. Psychoanalysis is, above all, a philosophy, interesting perhaps if it were presented to philosophers. It approaches, as has been said by E. Régis and A. Hesnard, "the conceptions that Stahl, Heinroth and the school called German psychological" proposed in the first part of the last century to philosophical doctors who tried to make a metaphysical problem of insanity. Unfortunately, psychoanalysis attempts to be also a medical science, and has the pretention to apply itself to diagnoses and to treatment; in this fact lies the true origin of all the difficulties and misunderstanding that we encounter in studying it.

If I am not greatly mistaken neurology and psychiatry need to-day different studies, and it is not under this philosophical form that psychology should be presented to physicians. Very often before now psychological studies directed by physicians have affected the trend of metaphysics and have claimed to explain at one blow history, ethics, religion and attacks of nerves. Little by little, physicians have been obliged to renounce this literature; they have come to agree with old Aristotle that one cannot "mix the kinds," and have realized that neither metaphysics nor medicines are of interest if they are confounded. Psychology can be accepted in medical studies only if we renounce immoderate ambitions and confine ourselves to summing up the conduct and the attitudes of patients in precise and clearly defined terms and by uniting all the facts to a causal factor which must be determined as accurately as possible.

This work is obviously very difficult and can be done but slowly. We are often tempted to exceed our incomplete observations and slow inductions by bold generalizations and symbolic and easy interpretations. It is not necessary to be too severe on these flights of the imagination. These consoling thoughts are perhaps necessary to encourage the workers and to aid them to continue their laborious work. Very often a great movement of research is provoked by some ambitious doctrine which claims to explain all in a word. The arrogant and childish thesis will soon disappear, but the numerous observations which have been collected will remain. No one to-day would wish to restore the claims of universal suggestion, which was used to explain and to cure everything thirty years ago; but who dares to deny that the school of the Salpêtrière and the school of Nancy have powerfully contributed to the beginning of pathological psychology and have left much useful knowledge?

It will be the same, if I do not deceive myself, with the innumerable studies of Freud and his disciples. Since I undertook the task of preparing this paper I have been obliged, much against my inclination, to point out to the physicians the exaggerations and illusions which mar psychoanalysis. But I am well aware that underneath these

exaggerations, and perhaps because of them, there has been developed a quantity of valuable studies on the neuroses, on the evolution of thought during childhood, and on the various forms of sexual sentiments. These studies have called attention to facts which were not well known and which, owing to a traditional reserve, we have been too much disposed to neglect. Later on we shall forget the excessive generalizations and adventurous symbolisms, which at present seem to characterize these studies and to separate them from other scientific works, and only one thing will be remembered, namely, that psychoanalysis has rendered great service to psychological analysis.

ABSTRACTS

REPORT OF THE COMMITTEE OF THE AMERICAN PSYCHOLOGICAL ASSOCIATION ON PSYCHOLOGY AND MEDICAL EDUCATION. *Science*, Vol. XXXVIII, Oct. 17, 1913.

Following the symposium on psychology and medical education before the American Psychological Association in December, 1911 (see *Journal American Medical Association*, 1912, Vol. 58, pp. 909-921), a committee was appointed to co-operate with other bodies interested in this matter. A letter was sent to all the known medical schools in the United States and Canada, regarding the advisability of including psychology as a required subject for medical students, which would, at the same time, give facts regarding the teaching of allied subjects in the medical schools. From the facts which the committee has been able to gather, the following conclusions were drawn:

"1. It appears to be the preponderating opinion both of the best schools and of the schools as a whole, that some instruction in psychology is necessary so that students may understand the mental side of their patients; not only of those which are to be dealt with as insane, but also of many who never reach the extreme conditions which warrant their being sent to an institution for nervous or mental diseases.

"2. By those medical schools which require for entrance a college education in arts or sciences, the committee believes that an introductory course in psychology may well be required, in the same way as they now require chemistry, biology, physics, etc. In those schools which do not require a preliminary college training, but which require one or two years of college work, the committee believes that part of the premedical preparation should be devoted to general psychology, or in lieu thereof, a course should be given preferably in the second year after the general work in anatomy and physiology of the nervous system has been completed. The committee believes that a briefer course following the physiology of the nervous system would be more desirable than a course in the premedical years. If the earlier course be more extensive and devote sufficient time to the functions of the nervous system, the advantage of the later course would be counterbalanced.

"3. It is the belief of most of the best schools that a second course in psychology should precede the course in clinical psychiatry and neurology. This course should have more of a prac-

tical nature and should deal especially with abnormal mental processes and with the application of psychological principles and facts to medical topics. Although this course should deal chiefly with psychopathology, it should not be permitted to develop or degenerate into a course in psychiatry, neurology or psychotherapeutics. This course should be clinical in the sense that, as far as possible, clinical material should be the basis of the course, but it should not be clinical in the sense that the students are given particular cases for the purpose of diagnosis or of treatment. The functions of the courses in psychiatry and neurology should not be assumed by this course.

"4. Although, on account of their knowledge of the practical medical application, it might be best if both courses in psychology could be given by competent medical men, the committee feel that there are at present few medical men who have sufficient training or have sufficient interest in psychology to warrant their appointment to initiate such work. It seems best, therefore, to recommend for those medical schools in which there is a possibility of correlation or co-operation with the department of psychology in the school of arts and sciences, that these courses be given jointly and co-operatively by the departments of psychology and psychiatry or neurology.

"5. The content of the course or courses in psychology should be the object of careful consideration by representatives or professors of those subjects which are allied to psychology. The departments which should be chiefly consulted include physiology, psychiatry, psychology and neurology. It is the belief of the committee, however, that since the courses are intended for the preparation of medical men, the courses should be practical and should deal with actual medical facts as much as possible. The committee would not, however, limit the teaching in the elementary courses to those topics which have a known practical medical value at the present time, for it has always been found that facts apparently incapable of application at the time of, and immediately after, their discovery are soon applied. It is our belief, therefore, that the first course in psychology, as introductory to the study of medicine, should be a general course, dealing largely with general psychological facts, standpoints and methods, but that constant reference should be made to the practical problems which may be solved by means of the psychological methods and facts which are discussed. The committee also believes that both courses in psychology should be laboratory or experimental as far as possible, that the student may become personally acquainted with the methods and with the general nature of psychological

experimentation, rather than obtain his knowledge from textbooks. Although recitations or lectures have great value, they cannot give an adequate knowledge of the manifold difficulties which one encounters in dealing with matters of a mental nature.

"6. The committee also feels strongly that more extensive and intensive co-operation between psychologists and physicians is desirable. From the psychologist's standpoint the psychology of medical men is crude; from the medical standpoint the pathology and physiology of the psychologist are out of date. Since both classes have many common interests it would appear wise that the knowledge of psychologists should be utilized by physicians, and that in turn the experience of more physicians might be made available for the advancement of psychology and psychopathology."

I. H. CORIAT.

NOUVELLE THÉORIE DE LA MÉMOIRE FONDÉE SUR L'EXPERIENCE. Ed. Abramowski, *Journal de Psychologie Normale et Pathologique*. Vol. X, No. 5, September-October, 1913.

All experimental studies of cryptomnesia, which is really unconscious or subconscious memory, have convinced the author of one important fact, namely, that the forgotten images persist as emotional states. Previous theories of memory have ignored this fact and interpreted memory, or at least latent memories, as a mere physiological residual, and deny that it has any psychological value. This, for instance, is the attitude taken by Ziehen. For some authors the conservation of images is a kinetic process, for others it is potential or merely a new "disposition" of the molecular system of the nerve cells. Vestiges of past perception, however, are stored up not only physiologically or physico-chemically, but likewise psychically with an emotional correlate. Each image leaves its emotional equivalent stored up as such in the subconscious or unconscious, and memory is nothing else but an intellectual representation of this emotional equivalent which never ceases to exist and to remain active beneath the threshold of consciousness.

In the conservation mechanism of memory, therefore, we are always in the presence of an emotional "mass," which is produced in our subconscious by an accumulation of these emotional equivalents. These equivalents have their individuality in the form of a psychical co-existence with consciousness, and this co-existence may become different objects of thought, that is to say, they may become reproduced memories. Each "forgotten" fact leaves its

equivalent as an emotional coloring, and yet we are not able to represent to ourselves how we "feel" these numberless emotional equivalents, because introspection gives us only a small proportion of the data of consciousness. All that which is apparently lost in the past is stored up in this emotional mass which is fused together, but only a portion of it is open to introspection. A succession of memory images, therefore, possesses an emotional quality.

Memories pass very rapidly into the unconscious, the images vanish, but the emotional state remains. These are the emotional equivalents of forgotten images, a type of subconscious reductions, which are found only in the emotional coloring of the actual states of consciousness. The following law can be formulated: Perceptions in passing into the subconscious are transformed into affective states, each antecedent disappears as perception, but survives in the emotional character of the consequent. This emotional coloring is the fundamental process in the formation of complexes.

The nature of unconscious memories is next discussed, and in it he expresses the opinion that to every emotion there corresponds certain physiological perturbations and a certain modification of the coenesthesia. The physiological changes caused by the emotions have a double character, in not only being a peripheral expression of the emotion, but also as a new organic source of centripetal stimuli, which in turn reinforces the emotion. When an individual is predisposed to dissociation, as is the case in hysteria, an intense emotion may become isolated and lead an independent existence in the organism and in the subconscious, thus producing distinct organic conversions and the various stigmata of the disease. Even in slight emotions, there exists a relationship between the organism and the emotion. Images, even if apparently long forgotten, are, therefore, able to survive or persist through their emotional connection. This theory of emotional equivalents of memory makes it unnecessary to accept the concept of the subconscious, because the emotional coloring of forgotten images or states produces functional changes in the organism and these have the same meaning as the cryptomnesic (subconscious) equivalents.

Thus the emotional survival of states of consciousness lies at the bottom of the psychical continuity of the individual. Emotional vestiges of the past are indefinitely conserved in the organism. These "imprints" or traces produce a new disposition of the nerve elements, and this influences the organic functions which are under the control of these elements. Our Coenesthesia, therefore, is a mass of fusion of our latent memories. On account

of the emotional coloring of our latent memories, a whole period of our past, can, on recollection, be condensed into one affective state.

I. H. CORIAT.

THE INVESTIGATION OF THE HIGHER NERVOUS FUNCTIONS.
I. Pawlow, British Medical Journal. October 18, 1913.

This address before the International Physiological Congress at Groningen is of value for psychopathology because of Pawlow's application of the various reflexes to the phenomena of sleep and hypnosis. This abstract, therefore, will emphasize only those points of the address which deal with the phenomena in question.

The work on the motor areas of the cerebral cortex still remains an isolated chapter in the physiology of the cerebral hemispheres, while work on the sensory centers has only resulted in general indications of the nature of the problem. The analysis and investigations of the chief functions of the cerebrum, working as an integrated structure, is of the utmost importance, but up to the present the sensory activities of the brain have been grouped with the so-called psychic phenomena. It is difficult to see in what way the conceptions of modern psychology can be related to our knowledge of the material construction of the brain. In attempting the problem of cerebral functions, the physiologist must remain independent of psychology — he must remain a pure physiologist, and it is along these lines that the fruitfulness of the investigation in question is assured.

The greatest service to nerve physiology has been rendered by the study of those primitive functions known as reflex actions, and it is now recognized, that beside the formation of primitive, innate reflexes, the nervous system possesses another important function; namely, the formation of new reflexes. It is these new reflexes which should be systematically investigated.

This establishment of new paths, or reflexes, in the central nervous system, resulting from new external conditions or stimuli, is best seen in the higher animals. Natural factors, which at one time were indifferent for the animal's activities, can develop in a very short time into powerful stimuli for the most important vital functions. His feeding experiments, which develop into excitants of salivary secretion, are not stereotyped reflexes, but are reflexes constructed under observation. The establishment of new reflexes is a highly complex process, and, yet, because they can be

produced in a short time under suitable conditions, it is concluded that their production is a simple and easy matter. A low organism is a simple and single receptor,— an animal higher in the zoölogical scale has special receptors for analysis by physical or chemical mechanisms. This highly specialized and delicate analysis lies in very close relationship to the formation of new reflexes. These functions are far-reaching in the life of the animal, and probably at present we often ascribe to metaphysical processes what are really only due to fine and accurate neural analytical mechanisms. Thus an animal possesses two fundamental mechanisms, *viz.*: the formation of new reflexes and the mechanism of the analysors (the latter probably due to certain receptors). “Conditional reflexes” are to be distinguished from “unconditional reflexes,” because of their great dependence upon a multitude of conditions. For instance, a fundamental requirement for the formation of a conditional reflex is this, *viz.*: that when an indifferent stimulus is chosen for the purpose of the reflex after a few repetitions it will be found that this formerly indifferent stimulus is now capable of calling forth a certain reflex — for instance, a secretion of saliva. The conditional reflex has now been formed, the formerly indifferent stimulus has now found a path to the requisite parts of the central nervous system.

If we accompany each feeding of the animal with powerful electrical stimuli, it will be found, that after a time the stimulus causes no pain or fright, but merely a secretion of saliva. This reaction is invariable. What conditions then determine the direction of the nervous impulse along special channels? This seems to be a question of relative functional power of the various centers or of their degree of irritability. If, however, a certain stimulation is stronger than the centers connected with the feeding reflex, the formation of the new conditioned reflex is inhibited, and does not take place. Fully formed conditional reflexes exhibit great sensitivity to all sorts of conditions, and on this account they are subject, in circumstances of every-day life, to either continual variation or complete inhibition. When the animal becomes drowsy and falls asleep, there is a fading and final vanishing of the conditional reflex. External inhibition in the higher centers can give rise to other reflexes. When the conditional stimulus is not followed by a particular unconditional stimulus, we speak of “internal inhibition.” When the conditional stimulus is accompanied by some indifferent stimulus, we have a “conditional inhibition.” This type of inhibition may be removed under appropriate conditions and the reflex restored, a phenomena which is termed an “escape” of the conditional reflex. An im-

pulse in the central nervous system may be distributed or irradiated in all directions.

In the course of investigations on conditional reflexes, the question of the physiology of sleep and hypnosis arose. For instance, in dogs, when the conditional stimulus commenced half a minute or one or more minutes before the unconditional one, there developed a retardation of the effect. The time which intervenes between the conditional stimulus and the response is occupied by the internal inhibitory process. By degrees the effect quite disappears from the period immediately preceding the unconditional reflex and only persists during the time when the unconditional stimulus is acting. Finally, the effect also disappears from this period and the conditional reflex becomes quite inactive. At the same time the animal becomes cataleptic, inert to stimuli, rigid, falling finally into a deep sleep, from which it can only with difficulty be aroused. Mechanical stimuli of several large skin areas may be rendered a conditional stimulus for a feeding reflex; but if certain parts of the frontal lobes of the brain be extirpated in such an animal, it will be found that the conditional reflex cannot now be obtained from this particular skin area, but in all other parts it can be obtained in a normal manner. On stimulation of the inactive skin areas under these conditions one obtains a strong inhibition of the effect which was obtained by the stimulation of the active areas, and such stimulation of the inactive areas leads very quickly to drowsiness and sleep. The conditional reflexes return again in time, but definite injury to the differentiation persists at these places; the analysis is either less accurate, or else it presents certain abnormalities. The following effects are permanent even for years, at the affected areas, *viz.*: — the conditional reflex can only be obtained under complete synchronism of the two stimuli, conditional and unconditional, and if the unconditional stimulus be removed ever so little from the conditional, the reflex rapidly vanishes and the animal becomes drowsy. This phenomenon, while it may occur in a normal animal, is much intensified by partial extirpation of certain areas of the cortex.

I. H. CORIAT.

THE SLEEP OF SCHOOL CHILDREN: ITS DISTRIBUTION ACCORDING TO AGE AND ITS RELATION TO PHYSICAL AND MENTAL EFFICIENCY. *Lewis M. Terman, Associate Professor of Education, Stanford University, U. S. A., and Adeline Hocking. Journal Educational Psychology, March, April, May, 1913.*

A. By more careful methods than had before been employed,

the authors secured sleep records (records of actual sleep taken) from 2692 normal individuals from 6 to 25 years of age, and from 383 feeble-minded individuals.

II. The amount of sleep for each age was correlated (a) with school grades secured by the children in the various subjects; (b) with the teacher's estimate of the child's intelligence; and (c) with the number of "nervous traits" possessed by the child. The Pearson formula was used for this purpose.

III. Facts were also secured relating to the conditions of children's sleep.

IV. Results:

(1) The amount of sleep enjoyed by these children in the western part of the United States greatly exceeds that found by *Bernard* and *Ravenhill* for German and English children. This excess amounts for most ages to nearly $1\frac{1}{2}$ hours.

(2) The amount, however, is still much below the theoretical and usually accepted norms suggested by *Dukes* and others. These theoretical norms are thought to be excessive.

(3) The authors found no correlation between hours of sleep on the one hand, and school grades, intelligence (as estimated by the teacher), or "nervous traits," on the other hand. This result held for each age separately, the coefficients ranging for the most part between .00 and +.20 or —.20.

Explanations offered by the authors for this lack of correlation are:

(a) The plasticity, or educability, of sleep habits.

(b) Differences in the quality of sleep at different parts of a sleep period, and the possible inverse relation of quality of sleep to its quantity.

(c) The "Factor of Safety." It is conceivable that a margin of safety may exist which would enable the body to get along for a considerable time, without apparent injury, on much less than the customary amount of sleep, while at the same time the reserves of energy were being insidiously depleted and the powers of resistance undermined. But if this were the case the ill results of deprivation from sleep would tend to accumulate and therefore become more apparent after such deprivation had continued for a number of years. The authors do not find, however, any more connection between brief sleep and mental efficiency in the upper range of years than in the lower. In other words, no evidence was found of delayed injury.

(d) Genuine, native differences in the amount of sleep needed. It is not unreasonable to suppose that the heightened brain activity which is necessary for high-grade intellectual activity

involves a kind of neural excitement which itself predisposes to wakefulness. It was to test this hypothesis that sleep records were collected from feeble-minded children. These showed that younger feeble-minded children sleep much less than normal children. In fact, age differences in the sleep of the feeble-minded were practically non-existent after six years. The amount of sleep in feeble-minded children was found to bear no marked relation to the degree of the defect. Further data on this point, however, are needed. It would be desirable to correlate sleep needs with intelligence as determined by the Binet-Simon tests.

(4) The authors are undecided as to the relative value of the above explanations, but are inclined to believe that undue emphasis has been placed by hygienists upon much sleeping. Sleep is only one of the many needs of children and should not be made the scape-goat for all the ills children are subject to.

(5) As regards the conditions of children's sleep, several facts of interest were discovered. It was found, for example, that 40 per cent of the six year old children slept with no window open. This number fell gradually to 2.5 per cent at 18 years. From 1.5 to 4.6 per cent slept in the open air. Only 32 per cent have a bed to themselves; 9 per cent share the bedroom with three or more other persons.

AUTHOR'S ABSTRACT.

REVIEWS

BODY AND MIND, A HISTORY AND A DEFENSE OF ANIMISM.
William McDougall. London, Methuen and Co., Ltd., 1911.
Pp. xix, 384.

While this volume treats of a topic which may have little immediate psychiatric interest, yet the theme is of significance to those who aim at a broad understanding of the nature of mind, and this work especially deserves mention here because it is one of the very few competent and lucid expositions of the strictly dualistic theory of the body-mind relation. The author condemns every form of psycho-physical "parallelism," but undertakes to vindicate the "animistic" view, "or the dualistic doctrine of soul and body reciprocally influencing one another"; the "soul" being an utterly different thing from any "mechanical" force or any other component of the material world. In your reviewer's opinion this is both a pernicious and an outworn conception, yet Professor McDougall's statement of his opponent's, the mechanist's, case is so fair and square, and his handling of every argument so impartial, that he elevates the case for animism to an altogether new dignity.

Confessedly the *anima* is the modern survival of the primitive ghost-soul; and the author traces the historic development which has gradually transformed the crude early notion. He also gives a very interesting account of how this soul has been slowly dislodged from even its last foothold in the physiological organism; he even seems to describe this dislodgment as being more complete and successful than is so far actually true (this in justice to his opponents).

But then, Professor McDougall aims to show that the soul must be brought back, for without resort to this soul many psychological and even physiological phenomena cannot be explained. Here are some examples: "When two stimuli are simultaneously applied to the sense-organs of any normal human being, they produce a change in his consciousness which is their combined effect or resultant. This composition or combination of their effects does not take place in the nervous system; the two nervous processes are nowhere combined or compounded; they remain throughout as distinct as if they occurred in separate brains; and yet they produce in consciousness a single effect, whose nature is jointly determined by both nervous processes" (page 297); and this can only be because both processes work on one and the same soul. Again, "the great difference between memory [association by

rational connection] and mechanical association" (page 340) indicates that one (the latter one) depends on a physiological mechanism, while the other follows purely "mental principles." Again, the *meaning* which objects have for us and the *valuation* which we put on them are modes of consciousness which have "no counterpart in the physical sphere; value, like meaning, is a purely psychical fact" (page 329), and "meaning has no immediate physical correlate in the brain that could serve as its substitute and discharge its functions" (page 311).

It is not only such "higher" mental processes as unification, rational memory, will, thought, and evaluation, that argue for a distinct animistic principle. The author finds evidence for a super-mechanical directive faculty even in the simpler physiological functions. He says, for instance, that "no adequate mechanical explanation of the scratch-reflex has been suggested; and it may be argued with at least equal plausibility that the analogy between the processes shows that the scratch-reflex, like the instinctive expression of distress, involves some factor incapable of description in mechanical terms" (page 266).

The arguments adduced cover practically the whole field from the simple physiological reflexes to the phenomena found in "psychical research." Owing to this breadth, and owing to the quality of the discussion, which is everywhere interesting, clear and candid, this book is probably the very best exposition of animism, or, indeed, of dualism, which to-day exists.

EDWIN B. HOLT.

Harvard University.

A SYSTEM OF PSYCHOLOGY. By Knight Dunlap, Associate Professor of Psychology in the Johns Hopkins University. New York, Charles Scribner's Sons, 1912. Pp. xiv, 368, figs. 15.

This new short treatise on the descriptive psychology of the normal human adult is intended as "a main or supplementary text for semi-advanced students," as the preface states it. We can readily appreciate and sympathize with the author's unwillingness "to add to the large number of psychology texts already in existence," but his fault seems condoned, in part if not entirely, by his unusually clear and simple style of presentation of matters not always easy to clearly express concisely. Like the artist, of course the scientific man frequently creates for himself rather than for others — wholly extraneous is the matter of sales; yet, strangely enough as a problem of psychology,

the instinct of creation remains unsatisfied until dull printer's ink has done over again the task of the writing fluid. On this perfectly sanctioned biologic basis book-writing, even the writing of psychologies and physiologies, can never cease — nor should it.

Professor Dunlap's book is eminently sane and in sundry respects rather better than up to date we may be sure, albeit in others not so! One deplores, for example, a definition of psychology which limits it to a discussion of experience and its content, as if as unaware as an auk's egg of that great portion or phase of mind which even Münsterberg (one of the author's teachers) is beginning to speak of as the subconscious and which others have long known for what, as a latent great power in psychology, it really is. On page 95, we read, too, two sentences which to many will seem a needless presumption: "In the case of muscular sensations, we attend so predominantly to what the sensations signify that we are not able to notice adequately the sensations themselves. Perhaps the ability to attend analytically to these sensations would unfit the patient [sic] for the simplest routine of life, so important is it that we attend to what they mean, rather than what they are." Passing over as trivial the ingenious implication that such training in skill would put the individual into the class of "patients," mentally unfit, we may seriously object to this presumption that analytic attention to the kinesthetic impressions would denaturize the efficiency of the person to the grade at least of a low-grade moron. If the present writer has not spent rather many useful hours in part at least in vain, the habit of conscious running control by means of acquired attention to these movement-sensations is at the very root of motor efficiency. And if Professor Dunlap had not already shied clean off the track at the (subconscious) notion of the subconscious, he certainly would have appreciated this point of view as it was passed.

The last chapter of the book deals with "The Occult" and does it in conservative, not to say skeptical, ancient style. An excellent list of references to the literature on particular topics, and a good index, end the book.

On the whole the book is a "contribution" and an acceptable one,— were only one allowed to make change out of the hat.

GEORGE V. N. DEARBORN.

Tufts Medical School.

THE WORLD WE LIVE IN, OR PHILOSOPHY AND LIFE IN THE LIGHT OF MODERN THOUGHT. *George Stuart Fullerton, Professor of Philosophy in Columbia University.* New York, The Macmillan Company, 1912. Pp. xi, 293.

As an argument for the ultimate reality of "Everybody's World" this clever but unconvincing volume from the ready pen of Professor Fullerton is well worth buying, and quite as well worth careful reading. If the impression which it makes on the average reader's mind perhaps inclines him, however, to a philosophy which goes deeper and extends more widely, surely it is not the writer's fault. One rows over the wavy waters of the "lake" in the Public Gardens with a contented air of being in a real boat on a real pond — unless perchance and until he sees some ten-year-old overturn his boat and at once wade gayly and rapidly ashore; mothers and fathers bless the proximity of the cobblestones lining this "lake" to the surface of the guileless water that fills it, but never again can the amused beholder secure the satisfaction that a row upon the ocean or on some mountain mere affords. Not that one wishes ordinarily to be actually drowned in his philosophy, but that, none the less, the persistent rumble of deep-rushing tide-swirls, or the boiling of mountain-fed springs, impels one, willy-nilly, if he listen and look with open ears and eyes, to perceive around him depths and heights which can never be ignored — even though to ignore them be a more or less fashionable conventionality of the day.

Doctor Fullerton's choice of a name for his book is in one particular at least unfortunate, namely, as a matter of expediency, both philosophic and commercial, for Helen Keller's well-known and valuable contribution to psychology, by several years previously published, was already named "The World I Live In," and confusion in the bookshops has frequently occurred. How much worse, however, than such mere bother in time and space, is it to be, almost of necessity, reminded by this title how *different*, how vastly different, are these two worlds — Professor Fullerton's world and hers who is blind and deaf, but who can smell almost like a dog and feel vibratory influences which to most of us are "as though they were not." What an irony to Miss Keller if the title and substance of the former book be ever interpreted to her keen mind — "the world *we* live in,' indeed!" she must say. Is her world his world? is his Columbia Library, for example, her Columbia Library? is his view up the Hudson from before the little grave close to great Grant's Tomb her "view" from the same memorable spot? Indeed no, it seems to the present reviewer —

the world these two live in is not one world. The only world they have in common is the world of *ideas* symbolized in so great multitude in the imposing edifice referred to first, and that yet richer world of *feeling* so beautifully suggested by the vast contrast between these two famous graves. *These* are a common world — his world is her world here and will be mayhap yet when the granite and the marble no longer hold their form.

Small service would be rendered the reader even were it expedient, by the details of argumentation which largely make up this excellent new presentation of an old realism which we all live but in which few of us perhaps deeply believe.

Prominent, as is fitting, is a critique of the system of the venerated Royce, for two chapters are devoted to an attempt to refute the rich philosophy of "The World and the Individual," a discussion which closes with this fine paragraph: "The attitude of the author [Royce] toward the world in which he finds himself has, viewed broadly, much in common with that taken by philosophers of various schools who find it impossible to admit his premises and to approve of his reasonings. It is not widely different from that of many plain men, who feel that they must accept Everybody's World, although they are more or less oppressed by its presence. Hence it does not follow that, in rejecting the New Idealism, one must necessarily regard one's self as separated by an immeasurable abyss, in spirit and feeling, from the New Idealist. One may share with him an earnest desire to tread the streets of the Eternal City, while accepting with reservation the adage that all roads lead thither, and denying emphatically that the safest and the surest route is that which tempts the region of the air." Yet the future is undoubtedly with the soaring idealist, far above even the mountain observer, and free as no seer on the earth can be free.

The last three of the eighteen chapters of Fullerton's interesting work deal with phases of James' philosophy and are entitled, "Playing with the World," "The World of Sober Earnest," and "The World of Knowledge and the World of Belief," respectively. In the first he assails pragmatism and with clever take-off seems to miss altogether the deeper spirit of the whole matter. In the second the brave James is assumed to be one who would promise us the moon and the stars,—factors, surely, in our, in "Everybody's World" of "sober realism." The last chapter, devoted to "The Will to Believe," seems to narrow unduly the deep meaning inherent in these four words, and on the other hand presumes more than the text implies in asserting that the

will to believe is a social phenomenon rather than a precious and an inalienable personal right.

On the whole the object of this essay that we have thus perhaps fitfully "reviewed," is ably carried out, namely, "the working out of a sober realism, which will not refuse to accept suggestions from the idealist where such seems helpful (!), but which will take pains not to be misled into doing injustice to the unmistakably real world given in experience." Yet the realer problem of philosophy, like the problem of physics now that we have the "electrons," remains not so well "worked out," not suggested even: What lies beyond? Nothing? Or is it almost Everything?

GEORGE V. N. DEARBORN.

Tufts Medical School.

THE ORIGINAL NATURE OF MAN. *Edward L. Thorndike, Professor of Educational Psychology in Teachers College, Columbia University.* New York, Teachers College, Columbia University, 1913. Pp. xii, 327.

This noteworthy, because important, book is nominally the first volume of the author's treatise, "Educational Psychology," although volume three, on individual differences, appeared in 1903. Its importance, for the most part, lies in its essential simplification of problems too complex in their old forms of statement to be solved. Once in awhile in every science such a book appears, and then for a time there is real progress along the line it travels. Thorndike always was a fair demolisher of traditions, with many a gain in the end. Here, however, is not mere destructiveness, easy task for many who go no further, but a partial construction of new with reconstruction of the old.

The original nature of man as a species has for the author five chief topics: the description and classification of original tendencies, their anatomy and physiology, their source or origin, the order and dates of their appearance and disappearance, and their control in the service of human ideals. It is obvious that "abnormal psychology" is as much concerned with such subjects of discussion as is educational psychology. And if alienists and specialists in nervous diseases have any one conspicuous lack it is a relative shortage in the concepts lying at the basis of normal psychology, and especially in its genetic phases. Readers of this JOURNAL should welcome, therefore, every fundamental inquiry into the nature of childhood — such as is this. As one looks the

book over the first time, one does, to be sure, feel a wish that a few months' more time had been spent on systematizing and elaborating the topics discussed; it suggests so much to one familiar with the relations that it will seem to some unduly fragmentary in some of its parts, and to promise more than it at present does.

Your reviewer knows no more accurate way of suggesting the drift of the argument and its matter than to recite the headings of the sixteen chapters; these run thus: General characteristics of original tendencies (their names, components, action); inventories of the original nature of man (that of James, to whose dear memory the book is dedicated, especially); sources of information (observation, census, etc.); responses of sensitivity, attention and gross bodily control (tendencies resulting, namely, in sensitivities, attention, gross bodily control, food-getting and habitation, fear, fighting and anger, etc.); responses to the behavior of other human beings; imitation; original satisfiers and annoyers; tendencies to minor bodily movements and cerebral connections; the emotions and their expression; consciousness, learning and remembering; summary, criticism and classification; the anatomy and physiology of original tendencies; the source of original tendencies; the order and dates of appearance and disappearance of original tendencies; and the value and use of original tendencies; bibliography of references made in the text; and index.

In his "summary of man's original nature," Professor Thorndike proceeds to warn us not to be misled, and then gives a real summary: "It certainly is impossible to summarize the original nature of man without great risk of misleading. The inventory which has been made [above] is, indeed, itself too condensed to do full justice to the elaborate mental organization with which man meets his environment. But accepting the risk [to — his readers] one may say that the original nature of man is roughly what is common to all men *minus* all adaptations to tools, houses, clothes, furniture, words, beliefs, religions, laws, science, the arts, and to whatever in other men's behavior is due to adaptations to them." Such negative characterization, plus the inventories discussed before, does seem to be scientifically a "satisfier," however strong the annoyance that the author ignores the French method of detailed and repeated classification — so useful for recitation purposes, however artificial!

But the author is not in all ways the humble conservative such hesitation to mislead would imply. Indeed he goes Verworn and Demoor a good bit further, and is not at all abashed by the ordinary biological presumption, not to say axiom, that in the phyletic differentiation of mammalian tissues from the primal

protoplasm, the resulting functional units, or cells, have lost much of their pristine versatility. In less cumbersome phrase, the author's, "the safest provisional hypothesis to make about the action of the neurones singly, is, in my opinion, that they retain the modes of behavior common to unicellular animals so far as is consistent with the special conditions of their life as elements in man's nervous system." He characterizes this attempt as "too premature and speculative to be of much value"; he hopes, however, it appears, that the "complexities of human behavior may be found in the end to reduce to compounds of very simple behavior-series in the neurones." Shades of William James and the mind-stuff polemic! are we then deemed (first fruit of the study of protozoan behavior) each a colony of interrelated amebæ, or overgrown and elaborated zoöthamnia, tactic creatures dominated by our immediate environment as much as a paramecium in an electric stream? This is a new sort of determinism, a shocking kind of protozoan materialism, and our pseudopodia will require time to recover from the shock. Or is it an idealistic mirage of the monadism of Leibnitz? Whatever it prove to be else, it certainly sounds more than Professor Thorndike ever meant to suggest in his sane treatise on the original nature of man. It seems not to have occurred to the author that the nature, as well as the hypotheses, might be *too* original, go *too far* back into the hot history of the swirling nebula, thus losing sight of the man because of the multitude (and wisdom) of the cells that incarnate him.

But a book is important, often, somewhat in proportion to its aggressiveness against the mind-traditions of the people. On this account, as well as for others already suggested, the present work is a distinct contribution to contemporary psychology, not to say physiology. It should, therefore, be widely read.

GEORGE V. N. DEARBORN.

Tufts Medical School.

DIE PHÄNOMENOLOGIE DES ICH, IN IHREN GRUNDPROBLEMEN. *Konstantin Oesterreich*. Vol. I. Leipzig, Verlag von Johann Ambrosius Barth, 1910. Pp. vii+528.

Some years ago the author undertook certain studies on the psychology of emotions. The first results of those studies were published under the title, "*Die Entfremdung der Wahrnehmungswelt und die Depersonalisation in der Psychasthenie*."¹ The present volume represents a continuation of those studies.

¹Journal f. Psychol. und Neurol., Vol. VII-IX, 1906-1907.

Stimulated by the fact that numerous observations on psychasthenic dissociations which he had come across in connection with his earlier studies remained not only unexplained, but unattached, as it were, to any basic psychologic doctrine or system, Oesterreich conceived that this in itself is a subject worthy of investigation. Accordingly, he devoted himself to the study of the literature bearing on dissociation of personality, with a view to throw some light, if possible, upon the psychogenetics of the process. The present is the preliminary volume, and is devoted mainly to the exposition of the material and data which the author has gathered.

The literature has been searched carefully and critically. In the preparation of the material for this volume the author has also paid some attention to the psychology of so-called ecstatic states. The great significance of ecstasy for the analysis of self-consciousness and dissociations of personality is shown by certain allied conditions encountered in psychasthenic states; and more particularly by the views, more or less traditional in philosophic and religious circles, about the "mergence of self," "annihilation of self," "union of self with divinity," and similarly expressed emotions on the part of religious and other ecstasies — all pointing to some underlying disorder of the feeling of self. A rich material awaits the labor of the keen-visioned psychologist in the auto-descriptive works of those who have experienced such mystical states. The psychological analysis of such works would throw much needed light on numerous problems in psychology, and would be particularly helpful in the study of the psychology and psychopathology of human personality. Oesterreich's own observations on this particular subject are reserved for a subsequent volume.

In the present his task is chiefly to collate those data of general psychology which bear most directly upon the phenomena or processes underlying the feeling or experiencing of selfhood. This is a very broad thesis. In a certain sense it amounts to a standpoint in psychology on the basis of which most, perhaps all, known facts of psychology may be rearranged and restated.

While this has not been done literally, most of the significant general topics in psychology have been taken up in turn and discussed in this work around the problem of personality.

The first chapter, about twenty-six pages in all, considers the relationship of sensations to personality. This leads to the discussions of the sensualistic theories of personality, in two subdivisions: (1) subjectivity of sensorial content, and (2) selfhood as determined by the general sensations.

The third chapter is devoted to sensations and emotions,

and their rôle as component factors in the synthesis of selfhood. Next are considered in order the following topics: The objectivity of mental contents, intellectual contents and selfhood, and the broader philosophical implications of the various theories. Two chapters summarize the problem of self-consciousness, both as an observable phenomenon and as a subjective experience.

The second part of the volume, consisting of nearly two hundred pages, is devoted to a discussion of the various aspects of the process of depersonalization, as follows: Changes in self-consciousness and successive dissociations, simultaneous dissociation, the psychic mechanism of compulsions and its bearing on the problem of dissociation, the psychic foundations of dissociation, the appearance of a secondary personality, the apparent doubling of the primary personality, the psychic schism in dissociation of self.

In the preparation of this volume the works of some three hundred different writers have been consulted. The authors most often quoted are Brentano, Ach, Goethe, Husserl, Meinong, Lippe, Stumpf and Sollier, all but the last German; but the Miss Beauchamp case of Dr. Prince, Flournoy's Helen Smith case, and various cases of Janet and Séglas have also been utilized to illustrate certain points.

The author evinces but little sympathy for the mechanistic standpoint in psychology. The sensualistic theories of personality he finds inadequate. In this respect he has changed somewhat his position since the publication of his former studies on the psychology of the emotions. At that time he was more friendly toward psychological atomism. But a growing appreciation of the heterogeneity of the psychical as contrasted with the homogeneity of the ordinary processes of external nature has made him more cautious.

J. S. VAN TESLAAR.

DIE PHILOSOPHISCHE AUFFASSUNG DES MITLEIDS. *Eine historisch-kritische Studie.* K. von Orelli. Bonn, A. Marcus & E. Weber, 1912. Pp. iv + 219.

Various religious systems uphold pity as a fundamental virtue. This alone testifies to the great significance of pity in the general make-up of what has been called "human nature." The subject, however, has received but scant philosophical treatment, and almost no attention on the part of psychologists.

But the sentiment of pity and its aberrations cannot fail to

interest the modern student of psychological phenomena. The present work, in the absence of a treatise specifically psychological, may serve as an introduction to the study of the historico-critical aspects of the subject.

The historical portion of the little work is the more extensive; it is nearly four times as extensive as the systematic or critical portion with which the work concludes. The nature and meaning of pity as conceived by the representative philosophical thinkers from the earliest periods to the present time is outlined with facile pen. Numerous quotations from original sources intersperse the account so that the reader may draw his own inferences easily.

Of course, in a work of this kind, practically breaking new ground, occasional oversights might be expected and tolerated when found. Some periods appear to have been searched more thoroughly by the author than others, with the result that the historical account is uneven in parts. Thus, for instance, the opinion is recorded of Mandeville, a writer but little known and of no striking originality; but no philosophical writer, great or small, is mentioned of the whole period between St. Augustine and St. Thomas.

In the treatment of modern theories of pity, the valuable theories of Husserl and Meinong are not considered,—a very serious omission. Royce and Münsterberg at least, among Americans, surely deserve mention, but are neglected.

On the other hand there are certain excellencies which must be pointed out,—particularly the author's treatment of Nietzsche's views, to which he devotes, justly, a lengthy passage. He denotes therein a keen appreciation of the standpoint of this great apostle of the Overman. The ethical import of pity in Christian belief as illumined by Nietzsche's famous criticism is well brought out: Pity is the docile philosophy, the appeal of the weak, making for greater weakness and increasing misery.

In the systematic treatment of his subject the author places great emphasis upon its psychological aspects. He considers in this connection such topics as self-feeling, *Vorstellungskomplex*, *Mitgefühl*, *Leid* and *Lust*. The ethical implication of the various psychological concepts is also brought out. The author's own conclusion may be easily gathered in the midst of the various concepts set forth. Pity he conceives to be a sort of *Mitgefühl* which partakes of the nature of a larger affect with which it is always combined. As such, pity is not a permanent constituent of our psychic make-up, but a transitory phenomenon of relatively brief duration. Genetically pity depends on psychic factors which tend to inhibit the processes of ratiocination or judgment so that

it can "*nie als Wurzel echter Moral gelten*" (p. 203). This may be an unusual conclusion for a *Pfarrer*, but it bespeaks, at least, open-mindedness and fearlessness, two qualities rare and admirable.

J. S. VAN TESLAAR.

PSYCHOPATHOLOGY OF HYSTERIA. *Charles D. Fox, M.D.*
Richard G. Badger, The Gorham Press, Boston.

Fox has attempted in this somewhat bulky volume of four hundred and thirty-seven pages to review historically rather than critically the history of our knowledge of so-called hysteria. The following statement of contents will give an idea of the scope and method of the book. Following a brief preface, the subject is considered under the headings: Etiology; Disturbances of sensory perception; The special senses; Visceral and circulatory derangements; Psychomotor disorders; Psycholepsy; Alterations of consciousness; Multiple personality and amnesia; Hysteric temperament, suggestibility, delusions, insanity, theories; Diagnosis, prognosis, treatment.

In discussing these various phases of the subject, the author has quoted liberally from the writers whose names have been identified with research in this important field. Among these Bernheim, Janet, Charcot, Prince, Putnam and Freud occupy a prominent place, but many others who have contributed to the general subject find due recognition. The method of the book is essentially historical — a review of theories and of the work of others rather than an analytical interpretation of these researches. As a result, the book both gains and loses in effectiveness. We know of no recent discussion of the subject which has succeeded in so painstaking a fashion in marshaling the numerous theories which have from time to time held sway. This is a distinct merit, and it was for this purpose primarily that the book was written. On the other hand, as a natural consequence of the method employed, the text is often discursive and a little tedious in the reading. To those at all versed in the subject, this must prove a distinct detriment; but to others, and it must be freely admitted they constitute by all means the larger number of probable readers, information of value may be secured in comprehensive form and with small expenditure of effort. The book throughout is written in a most understandable way, and will on this account appeal to that fortunately increasing class of readers who, while not widely informed on neurological and psychological topics, are nevertheless seeking general information

on a subject which is already occupying a large share of the attention of all thinking persons, and is destined in the immediate future to be even more widely discussed. Not, therefore, as a scientific treatise or a critical analysis of past and existing theories, but rather as a repository in highly accessible form of the work of other men, the volume is worthy of commendation. It is well printed and, unlike many modern books, the paper used is of such a character that it is pleasingly light and may therefore be carried and held with comfort.

E. W. TAYLOR.

UEBER HALLUZINOSEN DER SYPHILITIKER. VON PRIVATDOZEN.
Dr. Felix Plaut. Berlin, Verlag von Julius Springer. 1913. Pp.
116, 5.60 Marks.

Mental manifestations accompanying syphilis of the nervous system are not at all pathognomonic, and, indeed, in making the proper diagnosis the somatic background is of great importance. With the aid of the Wassermann reaction and cytological examination our knowledge of the mental pictures in cerebral syphilis has become enriched. Plaut's monograph is a very good contribution to the study of mental disorders. He discusses hallucinations in paresis, tabes and suspicious syphilitic hallucinations in senescence, and recognizes in syphilitics two so-called specific types of hallucinations, namely, the acute and chronic.

In the *acute form* the clinical picture is characterized by anxiety-excitement, which develops acutely or sub-acutely. The sensorium is usually clear; however, slight disturbances in time orientation, subjective feeling of unreality and perplexity may occasionally be observed. As a rule delusions of persecution were present in all of his cases. In addition depressive ideas in form of self-reproach were noted. Active auditory hallucinations were manifest. Optic hallucinations in the sense of visual fancy were seen in one instance; in another case olfactory false perceptions were in evidence; and in another one *haptic* hallucinations, the patient experiencing electric sensations in the body. Hallucinations usually occurred at the height of the excitement. The underlying mood was one of anxiety which was labile and easily influenced by suggestion. Psychomotor unrest was not very marked except in one case, but again the unrest could be easily controlled. It is interesting to note that the patients exhibited good insight into their condition. Duration of the illness varied between eighteen days and ten months. Recovery

was complete and without any appreciable intellectual defect. The Wassermann reaction was positive in all cases, and the cerebrospinal fluid showed some pathological alterations save in one instance. Somatic manifestations of a neurologic background were demonstrated in all cases except one.

In the *chronic type* of the hallucinatory state the development of the disorder may be sudden. The disease picture is characterized by excitement and active and persistent auditory hallucinations which are usually of a depressive nature. In some cases haptic and false taste perceptions were observed. Delusions of persecution and in two instances grandiose ideas were demonstrated. Consciousness of one's personality was not projected in delusional formation, except in a deaf patient hypochondriacal ideas were observed. Sensorium was clear, and even in marked excitement attention and orientation were not essentially affected. Anxiety was very marked, especially in the hallucinatory periods. At such times the patients showed suicidal inclination and aggressiveness. There were no evidences of intellectual deterioration, except in one patient who was deaf and mentally defective prior to the onset of the disease. Striking katatonic manifestations were not observed. In all these cases the Wassermann reaction was present in the blood, and in two instances the fluid was free from abnormal constituents. From the somatic standpoint the patients showed evidences of some neurologic disorder. In two cases syphilis of the skin was recorded, and in another one the patient had congenital lues.

While it must be frankly admitted that Plaut's monograph is of considerable psychiatric value, nevertheless the reviewer feels that in the present stage of our knowledge of psychopathology we are not in a position to speak of specific type reactions of syphilitic hallucinatory states. Some of the cases reported under the chronic form of hallucinations are not at all clear, and the question of a schizophrenic reaction cannot be easily excluded. Particular reference is made to the two cases which presented no abnormal constituents in the cerebrospinal fluid. It must be borne in mind that the symptomatology of the acute forms strongly simulates a hallucinatory state of toxic genesis, and the question of a mixed condition, alcohol and lues, should be thought of.

MORRIS KARPAS.

MENTAL DISEASES. *Dr. R. H. Cole.* University of London Press, 1913. Pp. 343. Price 10s and 6d.

This is a student's text-book of psychiatry, preceded by four

chapters on psychology. Of these the first is a general one, dealing with "mind, consciousness, sleep, and memory," and the other three are on cognition (comprising sensation, perception and ideation), affection (feeling, emotion and sentiment), and conation (instinct, volition and attention) respectively. There is a chapter on the legal relations of insanity, and an appendix on reception forms; only the English, Scottish and Irish laws are considered. We are not concerned here with the purely psychiatric part of the book (the present writer is reviewing it for the *Review of Neurology and Psychiatry*); it gives a conventional account of the subject, and has no outstanding features.

The following passages on *normal psychology* may be selected for comment or criticism. The difference between "subconsciousness" and "unconsciousness" is that in the latter "the mind may be said to be in abeyance" (page 17), the modern view directly opposed to such a statement being entirely ignored. We have a peculiar definition of perseveration (page 30) as the tendency to the spontaneous recovery of past experiences (sensory, motor, and ideational), generally due to inertia or fatigue; the author gives no reason why the term should be used in this novel sense. He writes (page 33), "Head's investigations demonstrate that the skin is supplied with fibres from the protopathic nerve system as well as with epicritic fibres," but does not mention that the more recent and careful investigations of Trotter and Davies demonstrate the reverse of this with much greater probability. In the discussion of hallucinations (page 37) nothing is said of the regression theory, which many of us regard as the key to the understanding of the phenomena. On the topic of sex the author's position may be gauged by his description of masturbation as "a perversion of the sexual instinct," instead of as an integral stage of the normal evolution of the instinct in its passage from childhood to adult life. The author's views on instinct are interesting: "There are two fundamental desires or instincts from which all others are derived, *viz.*, (1) the desire to live, and (2) the desire to reproduce." From the former are derived the nutritional impulses, the necessity for earning a living, the desire for exercise, and the avoidance of danger, including the necessity of cleanliness and hygiene; from the latter are developed the altruistic activities, love, the duties of parentage, with the tenderness and care for the poor and helpless in general. Leaving aside the casual way in which such disparate terms as desire, instinct, necessity and duty are here thrown together, we must protest against an attitude toward instinct that is based on neither psychology nor biology; Nietzsche's dictum, that the expression

"reproduction instinct" is pure mythology, holds to-day as well as when it was uttered half a century ago. At the end of the chapter on psychology the author gives the following advice: "The medical student will do well to follow out mental processes as far as possible on a neurological basis. Without this, he is apt to get into psychological depths and to traffic with words which for him will have no definite meaning." The latter difficulty should surely in a text-book be dealt with by seeing that the student learns the definite meaning of these words. As to the former pronouncement we find it unfortunate that the author has not frankly told the student why it is that he has not given any examples of a mental process followed out on a neurological basis, namely, that up to the present there is not a single one in existence that can be so treated. We have pointed out some of the defects of the psychological section, but in justice to the author it should be said that much of it is very lucidly expounded, and that on the whole it affords quite a respectable presentation of the subject.

The part of the book dealing with the *psychology of the abnormal* is of a distinctly poorer order, and we have especially to complain, as so often with text-books on psychiatry, at the inadequate way in which the subject of the neuroses is treated. A few illustrations of this will suffice. We are told (page 217) that "hysteria is almost, but not entirely, confined to the female sex," in spite of all the evidence to the contrary accumulated during the past thirty years. In the same paragraph there occurs the remarkable statement that hysteria also occurs as the result of injury, "but it is then generally called Traumatic Neurasthenia." What would be thought of a medical writer who said that when an attack of gout occurred as the result of an injury, it was then to be called rheumatism? Those who are familiar with our complex wealth of knowledge concerning the ætiology of psychasthenia will hardly be content with an account of it that is confined to the following sentence (page 223): "There is usually a history of family instability, and the condition is accentuated by bodily illness and any source of fatigue." Even common facts of knowledge are often rendered inaccurately, such as when the author says that the practice of homosexuality renders the parties subject to the criminal law, a statement that is, of course, true only as regards men.

The passages concerning psychoanalysis are, as might be expected, both meagre and inaccurate. Freud has never regarded dreams as imaginary wish-fulfilments "that escape the censorship of the will" (page 20), and this is the only description

we get of his celebrated theory of dreams. Nor has he suggested, as here stated (page 52), that emotions accompanying certain ideas may be transferred as affects to other complexes. We are told, after a reference to dream interpretation and the method of free association (page 315), that "when nothing can be discovered by these methods, 'word associations' have been utilized, according to the method of Jung"; as is generally known, no psychoanalyst would dream of using the word-association method in a case where the others had failed, this being of use only as a preliminary measure for orientation purposes. It is interesting to learn that the method of psychoanalysis "has been largely studied by Freud of Vienna," which is about equivalent to saying that Marconi has been keenly following the development of wireless telegraphy. The conception and definition here given of complexes date from Jung, not from Hart, as the author leads us to suppose (page 40).

Within the limits here indicated the book will no doubt serve as a fairly adequate text-book for students, but really it does seem, when one considers the superficial way in which the subject of the neuroses is dealt with by both neurologists and psychiatrists, that an intermediate speciality of medical psychologists will be forced on the profession through the very neglect on the part of these two.

ERNEST JONES.

CEREBELLAR FUNCTIONS. *Dr. André-Thomas (Ancient Interne des Hopitaux de Paris)*. Translated by *W. Conyers Herring, M.D.*, of New York; with eighty-nine figures in the text. The Journal of Nervous and Mental Disease Publishing Co., New York, 1912.

This is No. 12 of the excellent Nervous and Mental Disease Monograph Series, which under the editorship of Dr. Smith Ely Jelliffe and Dr. William A. White, is rapidly covering a broad field in neurology. The monograph constitutes a practically complete statement of existing knowledge of the cerebellum and its functions. This portion of the brain has always been particularly difficult to elucidate, both on its anatomical and functional sides, but Thomas in this monograph has succeeded in bringing into reasonably brief compass the results of a vast amount of research which cannot fail to place the cerebellum and its activities on a firmer basis of knowledge than it has hitherto held. It is not possible in the limits of this review to give a detailed account of the many

experimental studies which the book narrates; we must be content with a statement of conclusions.

The general arrangement is the time-honored one of a consideration of the anatomy of the cerebellum from a descriptive standpoint, followed by a section on experimentation, with, finally, a detailed account of the symptomatology of affections of this portion of the brain, and a discussion of the relation of the brain to motility. From his studies, the author reaches the following general conclusions, which he is pleased to group as, on the one hand, concordant, and on the other hand, discordant facts. The first group consists of the phenomena produced by destruction; the second, of phenomena produced by excitation. It is found that the essential symptoms following destruction of the cerebellum are disturbances of motility, whether the movement be reflex, automatic or voluntary. This motor disturbance affects not only individual movements, but also their association, or so-called motor synergies. The inco-ordination of movement is not like that of tabes, but is rather characterized by dysmetria and discontinuity. If such movement relates to the maintenance of an attitude, astasia is the result. It is found, further, that the cerebellum perfects and hastens the re-establishment of equilibrium in the same way that it renders movement precise and regular. The regulatory action is governed partly by the cerebrum and partly by excitations coming from the periphery; but the cerebellum is not to be regarded as a center of conscious sensibility. In general, it appears that it exerts an inhibitory action on muscular tonus rather than an excito-motor effect. The influence of the cerebellum is principally upon muscles of the same side of the body, in contrast to that of the cerebrum. The demonstration of special centers of co-ordinated movements in the cerebellum has not been absolutely demonstrated, although evidence is in favor of this hypothesis. Further conclusions are reached regarding the independent function of the cortex and central nuclei. It may be said that the vermis is rather adapted to the regulation of the co-ordinations upon which the equilibrium of the body depends, whereas the hemispheres have to do with the regulation of voluntary movements.

The monograph is excellently illustrated by anatomical drawings and photographs, the latter satisfactorily reproduced in the text, together with numerous outline drawings of the various positions assumed by experimental animals. An extensive bibliography, with an index, concludes the volume. The general appearance of the monograph is altogether satisfactory, and brings

deserved credit to the editors and publishers of this notable series. The translation also deserves commendation.

E. W. TAYLOR.

MEASUREMENT OF INDUCTION SHOCKS. *By Ernest G. Martin.*
John Wiley & Sons.

This small book marks a distinct step in scientific advance, inasmuch as for the first time rational, simple and accurate measurements are afforded the laboratory physiologist. The subject has been thoroughly gone into, beginning with the characteristics of induced currents, and the factors which affect the strength of faradic stimuli, together with an historical account of the former attempts at calibration and the author's successful solution of this difficulty. In fact, this seems an ideal work for the laboratory physiologist, and for those whose scientific minds require them to know the technique of any procedure.

In reading this book the writer was particularly struck with the sources of error which must be avoided, such as the loose contact, the care with which the standard coil must be made, the need of determination of the cathode and the anode, the variation of the tissue resistance, and the difficulty of obtaining an exact threshold stimulation, and, therefore, it seemed to him that perhaps the method of condensor discharge which has been so successfully used in France and England might mark the ultimate step in this process, for by means of charged condensers we have a known numerical quantity of electricity, we have practically uniform tissue resistance and voltage, we have few loose contacts, and a much more delicate means of determining threshold stimulation.

F. G. B.

THE EXAMINATION OF SCHOOL CHILDREN: A MANUAL OF DIRECTIONS AND NORMS. *William Henry Pyle, Ph.D., Assistant Professor of Educational Psychology in the University of Missouri.* New York, The Macmillan Company, 1913. Pp. iii, 70. Illustrated.

"The purpose of this manual is to provide, in convenient form for teachers, directions for the examination of school children, and tables of norms for the various ages. No originality is claimed for the tests; they have been in use for some time. After extensive trial of nearly all the forms of mental tests that have been proposed, I have selected those that, all things considered, seem best for the group tests. . . . It is hoped that the publi-

cation of this material in this form will aid the teacher somewhat in the scientific study of school children." So runs the preface and tells the story of this book to all save those who do not know about the tests themselves as described in Whipple's "Manual of Mental and Physical Measurements" and elsewhere.

An eight-page introduction orients the theory of testing somewhat, and offers general directions as to procedure. Eighteen tests are then briefly described, eleven of them of mental functions and seven of physical factors and functions. In each test the object, method, material and certain "norms" are set forth. The tests described are the logical-memory, rote-memory, substitution, association, free-association, opposites, germ-species, part-whole, imagination, and cancellation tests; height, weight, muscular strength, speed, "vital" capacity, eyesight and hearing.

Such a book will in practice be found useful undoubtedly by many school-marks who will use it as they use their watches, not knowing just how they go nor why they stop sometimes. And some of these will really believe such a set of tests really estimates a human mind just as some of them see no harm in running each of a dozen streets of children through the same single, whizzing mill, despite that some of them are wheat and some graphite and some corundum and some rouge and some spice,—the teacher has often in mind only that "all are made of clay." Such considerations are all that seem adverse to so brief a book as this on so complex a human matter. Whipple's "Manual," already mentioned, seems brief enough for the use of any intelligent person.

A brief exposition of the theory of correlations as suggested by Professor Pearson (five pages) comes next after the directions for using the tests; then a briefer discussion of grades in school subjects; then a note on the test material and apparatus; and finally a brief index.

The book is illustrated with seven graphs and seven half-tone photographs.

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MENTAL TESTS OF DEMENTIA

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1. Introduction.
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I. INTRODUCTION

AS the following investigation makes a large use of "mental tests" for estimating impairment of intellect, it seems advisable to commence by giving a clear idea of their meaning. "Mental tests" signify any mental performances whatever used for diagnosis, provided that they are standardized, that is, arranged so as to admit of repetition by other experimenters or subjects.

Among persons unfamiliar with scientific psychology, there is a tendency to depreciate such tests on account of their usual lack of serious motive. How, it is asked, can the depths of human intelligence be sounded by tasks of obvious triviality? But this is a confusion between the

¹Originally, it was intended to do all the work conjointly, but the force of circumstances made the bulk of the experimentation fall to Hart, that of elaborating and interpreting the results to Spearman. The respective responsibilities must be adjudged accordingly.

intellectual task itself and its accompaniment of emotion, conation, valuation, etc. The two are so distinct, that a task which to-day seems trivial may to-morrow be clad with intense interest. To render intellectual tests emotional would be a superfluous and, indeed, highly disturbing complication.

A more formidable objection to them is their unsuccessful past. They were given a friendly welcome and careful application by some psychiatrists of first rank, who had to admit that their expectations were woefully disappointed.¹ The suspicion, however, arises that the fault may have lain, not in the tests, but in the expectations.

This at once brings us to the heart of the present problem. For these investigators, in common with most psychiatrists and psychologists, seem still to retain an essential portion of the old doctrine of "faculties"; they regard mental activity as made up of elements such as "observation," "discrimination," "association," "memory," etc. True enough, they discard the former metaphysical implications and scrupulously replace the discredited word "faculty" by the more modern term, "process"; but they still incline to the generalization implied in the older word, and take their "observation," "discrimination," etc., as functional unities. Many tacitly assume, for instance, that when a person has shown low power of "observing" one class of objects, he will be similarly inefficient in observing other classes.² But when their assumption is thus stated explicitly, it becomes at least questionable.

Even those who stop short of such trenchant generalizations are liable to the same tendency in milder degree. One experimenter, for example, found that the senile demented examined by him could recognize only a comparatively small number of words exposed momentarily to view; on this somewhat slender basis, he erects the general conclusion that such dementia is specially characterized by smallness of field of consciousness. Another writer, on the evidence of one test of the hebephrenic demented under his care,

¹ See, for instance, Kraepelin and Cron, *Psych. Arbeiten*, II, p. 324.

² Whether this inefficiency takes the form of weakened, excessive, or ataxic function, is immaterial for our present purpose.

asserts their fundamental defect to lie in their faulty formation of concepts. While a further investigator of the same class of patients concludes on similarly narrow evidence that their real weakness resides in the action of the "over-idea" directing their thoughts. In short, psychiatry — and indeed, almost all current individual psychology — soars lightly to sweeping generalizations, which the slow steps of science could only hope to obtain by arduous research.

Recently, a few psychologists have made a protest. They have realized that to bring two mental performances under such a category as "observation," etc., is merely to find that they resemble one another in the particular aspect denoted by the word "observe"; this aspect is not necessarily more dominant than the countless other ones in which the two performances may differ. But this school, not content with discarding the obviously unwarranted assumptions of functional unity, has gone on to deny functional unity of any kind, and to declare that a person's capacities for completely different performances are entirely independent of one another. Hereby, they have laid themselves open to the reproach of "throwing out the child with the bath," and of reaching a position as clearly opposed to fact as the former one.

It has been left, then, for a third school to pick out and supplement the part truth contained in both the older views. As usual, matters have turned out to be less simple than appeared to any of the earlier theorizers. A very large mass of evidence has been brought to show that a person's success in any intellectual performance may be regarded as the joint product of *two* factors.¹

The one is "specific ability" for the performance in question with all its particular features. Suppose, for instance, that a schoolboy has surpassed his fellows in the observation of birds' nests. His victory has, no doubt, depended in part on his capacity for the general form of mental activity known as "observation." But it has also depended on his being able to apply this form of activity to the matter of birds' nests; had the question been of tarts

¹ Brit. J. Psychology, V, 1912, p. 51.

in the pastry cook's window, the laurels might well have fallen to another boy. A further influence must have been exercised by the accompanying circumstances; to spy out nests as they lie concealed in foliage is not the same thing as to make observations concerning them in the open light of a natural history museum. Again, to discover nests at leisure is different from doing so under the severe speed limits prescribed by the risk of an interrupting gamekeeper. The boy's rank may even depend largely on the manner of estimating merit; marks may be given either for the gross number or for the rarity of the nests observed; and he who most infallibly notes the obvious construction of the house-sparrow may not be the best at detecting the elusive hole of the kingfisher. Every one of these features of the observation, then,—and their number might be indefinitely extended,—must be considered as capable of influencing the success of our hypothetical boy; one and all constitute elements of the "specific ability" concerned. Any performance may have a large or small proportion of such elements in common with another performance; in other words, the specific ability for the one may have much or little overlapping with that for the other. Clearly, when the overlapping is so great that the two performances are almost identical, a person's success in one of them must give probability of success in the other also, and the two performances must become highly correlated with one another. Investigation has proved, however, that when two performances have not any such large overlapping, but have in common only the general form of activity as expressed in such words as "observation," this degree of community is *not* sufficient to produce appreciable correlation between the two specific abilities; the latter remain independent of one another.

But overwhelming evidence had recently been brought of the existence of a second factor, whose nature is essentially different. To the extent that this is operative, all intellection whatever forms one single functional unit, power in any one performance going perfectly parallel with power in every other performance, however much they may differ in general form of activity or otherwise. Owing to this

factor, any kind of memory, for instance, may show itself to correlate with discrimination, association, conception, etc., as much as, or even more than, with a different kind of memory. This second factor has accordingly been termed by us "general ability."

Thus, while the range of the specific factor is exceedingly narrow, that of the general factor is universal; and between these two there appears to be no intermediate. There are plenty of words, indeed, whose range is of an intermediate character, such as the above frequently quoted "discrimination," "memory," "conception," etc.; each of these denotes a very large group of activities, yet falls far short of embracing all intellection. For many purposes, such groupment is serviceable enough. But when considering functional unity, these words only give rise to extremely mischievous and pertinacious illusions.¹

The theory of "two factors" just delineated, though primarily of psychological origin, has shown itself capable of translation into terms of cerebral physiology; and thereby it seems to gain in clearness and suggestiveness. The specific factor is readily identified with the efficiency of the particular cortical region, or other neural characteristic,² co-ordinated to the particular performance in question; so far, we do not transcend the ordinarily accepted localization of cerebral function. But the general factor is taken as corresponding to the efficiency of the entire cortex, or some still more extensive neural area; and this is a proposition evidently requiring some justification.

One good reason for this general factor can be furnished without difficulty; this is the fact that various influences affect the whole cortex in common. The chief are its derivation from the same original pair of germ cells, and its nourishment by the same general blood supply. Such con-

¹It is not, however, intended to assert that these two factors, specific and general, exhaustively sum up a person's whole intellectual make-up. For some of their limitations, see section 9.

²In the rest of this paper, to save repetition, we shall simply identify the specific factor physiologically with the efficiency of a particular cortical *region*. But really this is only one out of the many conceivable particular neural characteristics which may be the substratum of a particular intellectual performance. Pending the decision of physiology on this point, we have chosen cortical regions as certainly applying in some cases (*e.g.*, aphasia), and as being the most readily intelligible. Possibly, some of these specific factors may turn out to be Mendelian units.

ditions common to the whole cortex must tend to produce a common level of excellence in the function of each of its parts; for when the conditions are favorable to one part, they will probably be so more or less to others also. It is on very analogous grounds that the hair on one region of a person's scalp usually resembles that on other regions.

But there is a further reason, one frankly hypothetical, yet perhaps of still greater importance. A number of psychic phenomena — association, fatigue, and above all, “the narrowness of consciousness” — cogently indicate that *each momentary focus of cortical activity receives continual support from energy liberated by the entire cortex* (or some still wider neural area).¹

Thus far we have given an outline of the “theory of two factors,” as it has been developed in normal psychology, and alone appears consonant with the facts elicited by exact investigation of the normal psychic processes. Let us now briefly consider the bearings of this theory on pathology. Take, first, the effect of the fact of the entire cortex having sprung from the same germ cells. Hereby, a tendency must arise for excellence in one part to be accompanied by excellence in other parts, just as in agriculture any soils of common geological origin will be apt to resemble one another in degree of fertility. But such an original correlation between different parts cannot be expected to extend to their subsequent fates; a “static” correlation does not produce a “dynamic” one; neglecting to manure one field will not abolish the fertility of others belonging to the same geological stratum. And in the same way, damage to one region of the cortex — whether by infiltration of blood, by toxin or abscess — will not necessarily extend to other regions.

Take, next, the correlation engendered by the different parts of the cortex all depending on the same blood supply.

¹For this psychological evidence, we must refer to our previous paper, *Brit. J. Psych.*, V, 1912, p. 67. Nor does the present place appear suitable for discussing the probable mechanism of the supporting action of the entire cortex. It may be mentioned, however, that the belief in such a support has shown itself compatible with very divergent neurological views; it has been combined with the drainage theory by McDougall (“The Physiological Factors of the Attention-Process,” *Mind*, XI, N. S., 1902), with Verworn's theory of interference by *Lehmann* (“Grundzüge der Psychophysiologie,” 1912, p. 194), and with neo-vitalism by Walsh (“Psychotherapy,” 1912, p. 133).

This has, indeed, a "dynamic" character; damage in any cortical region by toxic or insufficiently oxygenated blood will tend to be accompanied by corresponding damage in other regions also. But physiological experience has shown that this inferiority of the blood supply affects the different regions very unequally; usually, in a few places the neurons will be found to suffer from granular degeneration, opaque nucleus, scanty tangential fibres, etc., while everywhere else the changes, if any, will be so minute as to escape scrutiny. Consequently, as far as this influence of the blood is concerned, we should expect any intellectual impairment to show a patchy character, being severe for a few kinds of performances, but having little or no effect on the great majority of kinds. Moreover, this "dynamic" correlation, such as it is, will be limited to maladies arising from intoxication or other diffuse causes. Wherever the cortical injury appears on macroscopic and microscopic examination to be narrowly localized, there we must expect similarly isolated mental injury; otherwise we have to introduce a *deus ex machina* in the shape of extremely hypothetical lesions, so slight as to escape all present means of detection, yet so complete as permanently to destroy function.¹

All this becomes quite changed, however, if we admit that the activity of any cortical region requires continual support from energy derived from the entire cortex. To some extent, indeed, the mental injury must still continue to run exactly parallel to the lesion; any mental performances directly or indirectly subserved by this particular region must show a precisely corresponding specific disturbance. But over and above this, there must invariably be found a mental impairment far transcending the physiological lesion, extending rather to all intellectual performances whatever. As regards the quality of this general impairment, it should be *independent of the seat of the physiological lesion and of the nature of the malady*. As regards its intensity, *it should most affect just those performances*

¹We are not forgetting the various *indirect* disturbances produced by cortical lesions. These will be considered on p. 236.

*which are shown in the case of normal persons to depend in the highest degree on the "general ability."*¹

The following investigation into a large number of pathological cases, therefore, seems likely to submit the theory of two factors, derived from normal psychology, to a new and extremely crucial test; the conditions which the theory has to satisfy for verification are of a detailed and exhaustive character. At the same time, it will be interesting to confront the facts with the views on dementia at present currently accepted. Whereas the theory based on normal psychology must maintain that every considerable lesion of the cortical tissue should involve some impairment of all intellectual functions whatever, the current clinical accounts confine such universal damage to a very few maladies, such as general paralysis. And while our theory provides no room for impairment of such general powers as "association," "conception," etc., it is from injuries of just this nature that the long clinical accounts of dementia derive their substance.

II. DESCRIPTION OF THE EXPERIMENTS

In selecting the tests, we aimed principally at obtaining samples from very varied regions of mental activity, so that any general results obtained might have the widest possible range of validity. For this purpose, we took one case of sensory perception, one of quick and accurate usage of well-worn associative paths, one where the activity was of a more elaborately synthetic character, and one depending on wealth and discrimination of ideas.

But, at the same time, we desired also to learn something about the behavior of tests more closely resembling one another. We took, therefore, two tests of memorizing exactly similar except in one single point, and another test of memorizing differing from both in three points only. Also, we arranged three motor tests, one depending in the most simple manner on speed of successive innervations, another involving also some appreciable degree of perceptual activity, and a third requiring delicacy of co-ordination.

¹A discussion of the probable reason for some performances depending more than others on general ability, will be found in *Brit. J. Psych.*, V, 1912, p. 69.

The work fell into three parts; twice slight changes were made, one or two tests being omitted and others introduced in place. Hence, a few of the tests were only done with a certain group of the patients (see Table II), and consequently give much higher probable errors of sampling. Together with these changes, we found it convenient to make certain modifications in the tests, too slight to prevent the correlations furnished by the three groups of patients from being comparable with one another, but yet preventing the absolute values of the performances from being strictly comparable. The first group was tested by us conjointly, the other two by one of us (Hart) alone.

The sensory test consisted in two vertical lines about two mm. long, one about five cm. vertically above the other, while between them, but diverging slightly to one side, was a tiny circle (see Fig. 1). The subjects had to

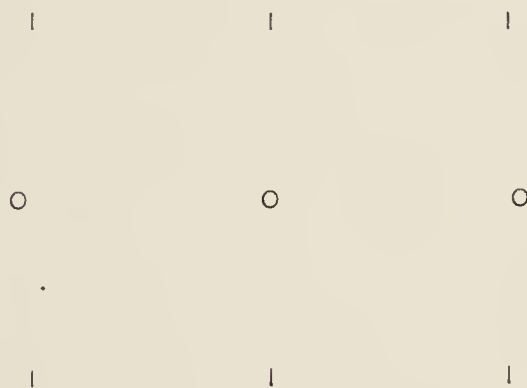


Fig. 1

point out which side the circle diverged from being exactly between the lines. The real divergence varied, so that the task ranged from great ease to great difficulty. Sixty such judgments were given. Our intention in devising this test was to make it relatively free from the constant errors or "illusions," which render the usually employed bi-section or tri-section of lines almost useless for the purpose.

The test of simple association was the "mental" addition of two sums of money, such as 4s. and 9d. plus 3s. and 7d. Eight such additions were given, both the correctness and the time of the answers being noted.

The test of more synthetic character was one employed later by Dr. Abelson and fully described and illustrated by him under the title of "Geometrical Figures" (Brit. J. Psych., IV, 1911, p. 279). Eighteen of these figures were used, the whole set being repeated about half an hour afterwards.

The test for wealth and discrimination of ideas was to finish incomplete sentences, *e. g.*: "The old woman kept on working although she . . ." There were eight of these sentences; each was read slowly, and the patient was given two minutes to think of as many terminations as he could; his answer was taken down, as far as possible in shorthand, for subsequent estimation.

One test of memorizing consisted in repeating aloud to the subject a set of names, as: "Tom Jones, Harry Smith." Then, the Christian names were demanded for Jones and for Smith in turn. After four such sets, each consisting of two names, four more were given, each consisting of three names; and finally four sets of four names each. This formed our "test A." The number of right answers will be called by us the "fullness" of the memory. We also noted what proportion of the names not answered rightly were answered wrongly, instead of being confessedly forgotten. This will be termed the "fidelity" of the memory.

"Test B" of memorizing resembled the above, except only that the order of names in the reproduction was not the same as in the learning. Thus, when the names learned were "Andrew Dixon, Walter Stables, James Maxwell," the Christian names were asked in the order: "Stables, Maxwell, Dixon." Different names were used for tests A and B.

The third test of memorizing had again the same general form (known as "the method of paired associates"), but in this case the two words comprising each pair were connected in meaning, as: "ship—mast." Also, the testing took place about twenty minutes after the learning, instead of immediately. Two sets were given of four, five and six pairs of words each, and one set of seven pairs.

The simple motor test was the rate of tapping for ten

seconds. The taps were given with a pencil on paper, so that every tap was marked by a dot.

The motor test involving more delicate co-ordination was used later by Dr. Abelson, and it is described and illustrated by him under the title of "Crossing Out Rings" (*Brit. J. Psych.*, IV, 1912, p. 273.)

The test where the motor element was largely submerged in the perceptual one was the ordinary "cancellation" of the letter *r* occurring frequently in a printed sheet. The latter contained lines, in which all the letters of the alphabet were arranged at random. Two sheets were used.

A further test of dealing cards into heaps with greatest possible rapidity was tried with the first set of patients, but was found useless on account of its close dependence on the degree to which the patients were addicted to card playing.

In framing all these tests one of our chief difficulties was to make them short enough to be feasible, and yet long enough to be "reliable," that is, to give a value reasonably stable and characteristic of the individual. Usually, this is easy enough to obtain in the tests dependent on speed, but very hard in those depending on accuracy. On this ground, we confined ourselves as far as possible to tests which had already been found sufficiently reliable on previous occasions.

All testing was preceded, not only by thorough explanation, but also by some fore-exercise for the purpose of "warming-up." On the same principle, the different parts of each test were when possible arranged in order of increasing difficulty.

Before being used in the research all the tests were carefully tried in the laboratory of one of us, in order to obtain an accurate introspective knowledge of the mental processes involved in them. The results, however, need not be described here, for, as will be seen, the precise introspective character of the operations has little bearing on the points treated in the present paper (see p. 239).

The tests were applied to sixty-eight patients. These were all inmates of Long Grove Asylum, whom we were enabled to investigate by the courtesy of Dr. C. H. Bond, the medical superintendent. They were selected as pre-

senting fairly typical cases of certain kinds of insanity according to current classification. Care was taken to render them as homogeneous as possible with regard to previous education and intelligence; all had reached the sixth or seventh standard in the elementary schools, or had done something equivalent. All were specially examined as to acuity of vision; this was found indispensable; the results got from several patients before we realized this necessity had to be discarded. Although the testing extended to three days, surprisingly few patients who once began were unable to finish. In spite of our losses in this way and of the cases discarded on account of defective eyesight, sixty-one out of the original sixty-eight patients furnished complete usable results.

In addition to the experimental tests, all the patients were twice independently ranked in order of apparent "general intelligence," by one of the other medical officers of the asylum, and by one of the chief attendants.

For comparison we tested two groups of sane persons in exactly the same manner as the third group of patients. One consisted of fifteen asylum attendants, who were very similar to the patients in general education and social standing. The other was formed by eighteen persons resident in Guernsey, who had the kindness to lend their services.

III. COMPARISON OF RESULTS FOR SANE AND INSANE

We will first compare together the two groups of sane subjects. As has been mentioned, the one consisted of English asylum attendants, and was tested by a medical officer of that asylum (Hart). The other was composed, partly of Guernsey persons, and partly of English persons resident in Guernsey; in addition to this racial difference from the attendants, this group belonged to a somewhat better social stratum; moreover, they were tested by another experimenter (Spearman).

Notwithstanding all these discrepancies, the two groups performed in a remarkably similar manner. If we look at Table I, number 15, where all the tests are pooled

together, the two sets of results are as alike as could possibly be expected. And even if we consider the single tests separately, we again find in most cases no more difference than would be expected merely from fluctuations of sampling. The only exceptions seem to be the three tests of motor speed, namely, "crossing out rings," "cancellation," and tapping; in all three the attendants show an appreciable inferiority of rate, but, as far as the data go, greater carefulness. The most plausible explanation seems to be that, while the Guernsey persons were spurred by emulation with one another, the attendants were chiefly anxious not to make blunders before their superior.

Let us next compare the sane with insane. Those who have been accustomed to regard lunatics as completely different beings from themselves may be surprised to find that there is no very clear distinction here. In every performance there are many insane who surpass many sane. But still, even the best of the insane are almost always far behind the best of the sane.¹

A quite straightforward explanation is furnished by the above "general factor." According to this, every ability depends in part on the efficiency of the cortex as a whole. Hence, naturally enough, any injury to the cortex must impair all abilities. In performances where the patient before was bad, he must now be extremely so; where he previously was moderate he must now be bad; but where he originally was excellent, he should still — if the damage to the cortex be not excessive — remain above the normal average, though below normal excellence. Now, all this corresponds perfectly with what we find in Table I.

It is, however, much less easy to reconcile the experimental data with the current view, that dementia consists in one or more injured faculties, such as memory, association, etc. For if that were true, the demented persons ought to do just as well as normal ones in all tests except those of the particular faculties injured. This seems incompatible with Table I, especially with the above-mentioned great superiority of the best sane over the best insane.

¹ Especially if we exclude the psychasthenics and manic-depressives, in whom intellectual disturbances are less obvious than those belonging to the spheres of volition and emotion.

A still more conclusive criterion may be found. The great majority of psychiatrists not only hold that dementia consists in the impairment of such extensive mental powers as memory, judgment, conception, etc., but also believe — in company with most psychologists — that an ordinary mental test measures one of these powers. Throughout the voluminous literature of individual psychology, we find the performances called, and consistently treated as, tests of memory, perception, association, etc. And even those who hold more reasonable notions about tests cannot doubt that each of them involves some of these powers far more than the others. Hence, to accord with the current view of dementia, a patient ought to do very badly at the tests involving the powers injured, and yet normally at the remaining tests. That is to say, *the patients ought to show conspicuously unequal ability for different tests*. It may be added, that this inequality should be further augmented, if there is any foundation to the common belief that the power or zeal of the insane is in a state of unusually rapid fluctuation.

Very different should the facts be in order to agree with the theory of two factors. According to this — apart from the general impairment due to the lowered efficiency of the cortex as a whole — the damage cannot extend beyond the mental performances co-ordinated to (or indirectly dependent upon) the specific region of actual cerebral lesion. If the region is a small fraction of the cortex, the damage will affect a small proportion of the possible performances, and is little likely to fall within the range of the tests that happen to be used. Hence, to confirm the theory of two factors, the patients should be little distinguishable from the sane as regards inequality of ability for different performances.

Here, then, the conflict between the two views as to the nature of dementia is brought to a crucial numerical issue. To adjudge between them, we have only to ascertain whether an insane person does or not, as a rule, present much greater inequality of performances than a sane one. The chief precaution needed for fair comparison between the two classes is that they should stand on the same level of general

ability. This is easily managed because, as we have seen, the two classes largely overlap; the fourteen worst sane subjects have the same average performance as the twenty-one best insane. We have ranked these thirty-five persons in order of merit for each performance, and require to know whether the insane present much the greater fluctuations of rank from one performance to another.

We may first verify the view that the patients present an abnormally rapid fluctuation of power or of zeal. This will be measured for any person by the discrepancy between his rankings for successive executions of tasks of the *same* nature.¹ The answer turns out to be negative, the average discrepancy being just the same as for the sane, namely, 4.2 places.

Next, let us make the crucial comparison of the insane with the sane as regards inequality of rank for successive tests of a *different* kind. We again find no appreciable discrepancy between the two classes; the mean variation of place between one test and another is $8.4 \pm .27$ for the sane and $8.3 \pm .28$ for the insane; the difference is less than the mere chance fluctuation to be expected from sampling. Once more, the observed facts accord exactly with the theory of two factors, and not with the view commonly accepted.

It would have been interesting to ascertain, further, whether the inequality of power from test to test varies for different levels of general ability. But we have not been able to devise any means of making the different levels fully comparable with one another. To take the inequalities between the absolute marks assigned to the various tests would, clearly, be meaningless. Preferable, at any rate, appeared to us the following method. We arranged all the patients in rank according to their mean position for all the tests; and then we ranked them also according to their mean variation from this mean; the correlation between the two rankings comes to the insignificant amount of $+ .08$.² Unfortunately, this result appears to admit of various interpretations.

¹ All tests require to be composed of repetitions of similar tasks in order to obtain and measure "reliability."

² For the meaning of such correlational coefficients see Section V, p. 237.

IV. THE INTELLECTUAL DEPRECIATION FOR DIFFERENT MALADIES

Table III gives the average rank of the patients with each malady for each performance. To increase lucidity, the ranks have always been represented as if there were one hundred cases; for this purpose, each observed rank is multiplied by $100/n$, n being the actual number of cases.

Here we shall find a still more delicate criterion for adjudicating between the rival theories. The upholders of the current theory maintain that one malady attacks preferentially the memory; another, the power of conception; and so forth. According to this, the sufferers from any particular malady ought to do much worse in the performances attacked by it, and much better in those which it spares. This would be most distinctly manifested in a high positive correlation between the ranks of such patients for the different tests. On the other hand, if the theory of two factors is right in declaring that the specific — as opposed to the general — mental damage may be narrowly limited and easily escape an ordinary set of performances, then the above correlations should indeed tend to be positive, but should have a very low value.

We have calculated these correlations, namely, the average correlations between the performances of two patients suffering from the same malady (using the same method as mentioned before and described on p. 237). They are given in Table IV. Though tending to be positive, they are on the whole extremely low, exactly as demanded by the theory of two factors.

Small as they are, they appear to possess considerable importance. They furnish appreciable indications of a matter not evidenced at all in the rougher criterion of the preceding section, namely, of the specific mental injuries, or, physiologically expressed, of the particular cortical lesions. It therefore seems worth while to consider Tables III and IV in detail.

With regard to general paralysis, dementia præcox both early and late, and psychasthenia, the results are negative only; Table IV shows correlations close to zero,

and Table III concordantly fails to indicate any particular tests in which the patients have done much worse than in others. The recent statement that dementia præcox is specially characterized by loss of memorizing power ("*mémoire de fixation*") finds no support here.¹ With respect to paranoia, the correlation in Table IV is again insignificant, but Table III seems to reveal some degree of special incapacity of these patients for erasing r's. The chief reason for any one failing in this test has been plausibly attributed to letting the attention wander from the work²; possibly, this may occur in the case of the paranoiac from his absorption in his own grievances. A negative result is given for manic-depression; but this is not conclusive, as the five cases were not all in the same stages of the malady. If we confine the correlation to the only two of the patients quite comparable (manic stage), the correlation becomes + .27. In the case of epilepsy the correlation is .24, an amount that is probably significant, seeing that it is the average derived from eight patients with this malady. Table III suggests, and closer examination of the original records confirms, that this correlation arises from the very bad performances of these epileptics at the memory tests A and B (the two, it will be remembered, were very alike). This quite corroborates some experiments of Ziehen.³ But when this author goes on to conclude that epileptic dementia is especially characterized by "weakness of memory," he incurs suspicion of undue generalization; for if we look at memory test C, the relative inferiority of the epileptics has disappeared. Alcoholic dementia presents a correlation of .29, and Table III suggests that this is due to the low places obtained by these patients in columns 2 and 11. But the number of patients (three) is so small, that this cannot be accepted without further confirmation. Alcoholic hallucinosis and imbecility are each represented by only a single case, so that no correlation can be calculated. It is noteworthy that the imbecile exhibits no discrepancy from

¹ Deny et Llermitte, "Les Démences Précoces," *Traité International de Psychologie Pathologique*, vol. 2, 1911, p. 453.

² Ziehen, *Die Prinzipien und Methoden der Intelligenzprüfung*, 1907, p. 59.

³ Ibidem, pp. 33-36; also *Traité International de Psychologie Pathologique*, II, p. 380.

the patients with acquired dementia, for many authors have laid stress on the supposed gulf between the two. As an example of the fallaciousness of casual non-quantitative impressions, we may quote the common statement that: "Imbeciles are remarkable for the existence of gaps" in their intellectual powers. Actually our imbecile proves himself to have almost the lowest variability from performance to performance, and therefore the smallest "gaps" of all the persons tested, sane or insane.

This suggests that there is a further fundamental characteristic to be determined for each malady, namely, the degree of variability from one performance to another. Indeed, it is one of the characteristics most frequently mentioned in psychiatric writings. For instance, there seems to be a unanimous verdict, that in general paralysis the mental damage is evenly diffused over all the powers, whereas in most other maladies there is much more variability, some powers being injured while the remainder almost or quite escape. But in spite of this unanimity, the truth becomes dubious in the light of our discovery above, that the insane as a whole show no greater variability than the sane.

The relevant facts are given in Table IV, column 2; this has been reached by the same method as the analogous figures quoted on p. 231, except that it is derived from all sixty-one patients (instead of the twenty-one best patients combined with the fifteen worst ones). The absolute values are, of course, incomparable with those of the above-mentioned mixed group, but the uniformity is as striking as before; all the maladies give as nearly the same result as could possibly be expected. The only appreciable discrepancies are the figures for imbecility and alcoholic hallucinosis. These are just the maladies represented by one patient only, so that the figures are at the mercy of mere chance. In particular, the results directly negate the almost universal belief that the mental injury has a specially even diffusion in the case of general paralysis, the value for this in column 2 being just about the average of the values for the other maladies. The explanation of the common illusion seems to be that in general paralysis the cortical injury

becomes so great as to reveal impairment of all the intellectual powers, even to the roughest examination; whereas to prove the generality of the impairment in the lighter maladies has needed the elaborate investigation recorded in the present paper.

So far, we have considered the tests singly; let us conclude this section by taking their *average* result for each malady, as given in column 19 of Table III. We see that the highest places are occupied by the manic-depressive states and psychasthenia, which accords well enough with the estimates of the intelligence of these patients as shown in column 20, and also with clinical experience. But a remarkable discrepancy is observable between the places assigned by the tests and the estimates respectively to dementia præcox; the estimates put the early stages of dementia præcox almost as bad as, and the late stages far worse than, general paralysis. Now, there are few psychiatrists, we believe, who will not unhesitatingly side with the tests; repeatedly, the intellectual damage done by dementia præcox has shown itself to be really far less than it seems to be. In fact, this illusion was perfectly well known to the present estimators themselves, but, like most illusions, was only diminished, not annulled, by being known. The position given by the tests to imbecility agrees well with other experience. That assigned to alcoholic hallucinosis harmonizes with the estimates as well as could be expected from a single case, and one exhibiting such excessive variability of position.

On the whole, then, this and the preceding section demonstrate extremely little *specific* damage to any of the various functions tested; our randomly chosen tests, naturally enough, did not happen to coincide with the particular cortical regions injured. Far more conspicuous is the *general* lowering of the whole intellectual level, a damage always of one and the same kind.

This seems absolutely to contradict the generally accepted doctrine by which the widely extensive mental injury often arising from lesions in one particular part of the cerebrum is attributed to the severance of various associative interconnections. For it is impossible to suppose that the

indirect effects of all such severances would be exactly the same; for instance, the ramifying interruptions caused by the destruction of tissue in the frontal lobes cannot be identical with those resulting from destruction in the Island of Reil, nor can either coincide with that produced by the degeneration of an occipito-temporal area.

A similar refutation is given to the suggestion, that different parts of the brain may have separate reservoirs of energy. If that were true, the mental disturbance from injury to one of these reservoirs would be quite unlike the disturbance from injury to another. The fact of lesions in any site or of any kind being invariably followed by the same general lowering of the whole intellectual level seems solely explicable by all cortical regions depending on the same source of energy. And this source can scarcely be anything less than the entire cortex.

V. "INTELLECTIVE SATURATION" OF THE TESTS

In this section it will be necessary to treat the experimental data from a slightly more abstract and mathematical point of view; but the calculations will be very simple, and, it is believed, we shall obtain a far more fundamental insight into the real significance of the facts.

At the same time, the point of view of this paper is radically opposed to that of those who would make any scientific investigation primarily a matter of statistics. No amount of mathematical consideration appears able to dispense with expert knowledge of the topic, nor is any numerical manipulation adequate to produce valuable results out of data gathered promiscuously. The values forming the basis of this paper are the expression of our very long and careful experimental determinations. But on the other hand, if statistical excellence cannot compensate for weakness of data or lack of expert knowledge, the inverse appears to be almost equally true. Quite a large share of the errors and confusions in psychiatry and psychology are directly traceable to statistical incompetence. And the more these sciences advance, the more refined must inevitably become the mathematical technique.

For our present purpose, it will be necessary to bring the variation of the different performances of the same patient to another form of expression, that of correlational coefficients. Clearly, if every patient did just as well in one test as in another, the correlation between the two tests would be perfect and the coefficient amount to one. If, on the other hand, the variation was so great that a man's success in one test was no clue whatever to his success in another, then the coefficient would sink to zero.

The correlations between all pairs of performances are given in Table V with their "probable errors" below them (in small print). At first, these were worked out by the ordinary Bravais-Pearson method of absolute values; but as the results were found to be vitiated occasionally by the dominant influence of single exceptional cases, and as the numerical marks given for the different kinds of performances seemed not very comparable with one another, we changed to the method of ranks.¹

Due attention was paid to the "attenuation" by random errors, disregard of which renders so much of the published correlational work gravely misleading; the "reliability coefficients" were determined by the improved method,² and the correlations were corrected accordingly. Whenever the attenuation was so great as to leave the coefficient very dubious, this fact is revealed in the ensuing excessively large probable error, which must therefore be kept in mind whenever attempting to draw conclusions from the value of the coefficient. Where the probable error has exceeded .20, the coefficient has been omitted as being quite illusory.

The next thing is to get symbols for the quantities to be discussed. Let the degree of excellence of any particular performance be denoted by a ; let that of the cortical region specifically subserving this performance be denoted by s_a ; and let the general energy of the entire cortex be called g . Any other performance may be denoted by b , its specific cortical substrate by s_b . We may then write in the usual way the correlation between a and b as r_{ab} , that between a and

¹The formula was: $r = 1 - 6S(d^2)/n(n^2 - 1)$, see *Brit. J. Psych.*, II, 1906, p. 98. For the advantages of using ranks, see p. 91 of the same paper.

²See *B. J. P.*, III, p. 271.

g as r_{ag} ; that between b and g as r_{bg} ; and that between s_a and s_b as $r_{s_a s_b}$.¹

The calculations needed are all derived at once from Yule's theorem:

$$r_{s_a s_b} = \frac{r_{ab} - r_{ag} \cdot r_{bg}}{\sqrt{1 - r_{ag}^2} \sqrt{1 - r_{bg}^2}} \quad (1)^2$$

Let us assume provisionally the relation that has been shown to be so widely prevalent in correlational results, namely, that $r_{s_a s_b}$ does not on an average appreciably depart from zero.³ This, by (1) above, makes $r_{ab} = r_{ag} \cdot r_{bg}$. If we take any further performance c , we have similarly $r_{ac} = r_{ag} \cdot r_{cg}$ and $r_{bc} = r_{bg} \cdot r_{cg}$. Multiplying the first of these three equations by the second and dividing the product by the third, we get $r_{ag}^2 = r_{ab} \cdot r_{ac} / r_{bc}$. Thus we have obtained the hypothetical r_{ag} in terms of the actually observed quantities r_{ab} , r_{ac} and r_{bc} . Unfortunately, this determination has a large probable error, unless r_{ab} , r_{ac} and r_{bc} are large or the cases (*i. e.*, here, the patients) numerous. This defect admits of mitigation when, as here, there are many different performances; for then we can determine r_{ag} equally well from every other pair of performances besides b and c , and take the mean result.⁴ We have done this operation on Table V, and thus arrived at Table II, line 2.

This line, it will be noticed, gives only first approximations, which become erroneous in proportion to the inexactness of our original assumption that $r_{s_a s_b}$ is always = 0.

¹ r_{ab} is appropriately called by Yule the "total" correlation between a and b . $r_{s_a s_b}$, termed by him the "partial" correlation, is the amount that would remain between a and b if the influence of g were removed; he uses for it the symbol $r_{ab.g}$.

² See Yule's "Introduction to the Theory of Statistics," p. 235, 1911.

³ This is equivalent to the equation $r_{ap}/r_{bp} = r_{aq}/r_{bq}$, see B. J. P., V, p. 58.

⁴ We get:

$$r_{ag}^2 = \frac{r_{ab}r_{ac}}{r_{bc}} = \frac{r_{ab}r_{ad}}{r_{bd}} = \dots = \frac{r_{ax}r_{ay}}{r_{xy}} = \dots = \frac{r_{ab}r_{ac} + r_{ab}r_{ad} + \dots + r_{ax}r_{ay} + \dots}{r_{bc} + r_{bd} + \dots + r_{xy} + \dots} \\ = \frac{S(r_{ax}r_{ay})}{S(r_{xy})} = \frac{A^2 - A'}{2T - 2A}$$

where A = the sum of the correlations between a and every other test,

A' = the sum of the squares of these correlations, and

T = the total of all the correlations between different tests.

But now we could improve on this assumption. Still using only the above equation (1), we could with the aid of the Tables V and II, calculate empirically the values of $r_{s_{ab}}$.

These new and more accurate values could then in turn furnish a basis for re-calculating Table V more accurately; and this, again, for further correction of $r_{s_{ab}}$. Such circular

process could be continued to any desired degree of approximation. In the present case, however, we seem able to utilize Table II as it stands; for the further approximations have turned out to involve such slight changes as not to be worth consideration in view of our large probable errors, which compel us in any case to confine ourselves to the more prominent results only.

Another reason for not going beyond the most salient features is that we have not yet adequately investigated each of our test performances. The first requisite, a careful introspective study, was, indeed, made by us before attempting to apply them to the present research.¹ But a further and hardly less indispensable operation is still lacking, namely, an investigation into the manner in which each performance depends on previous training and other experience.²

Let us, then, bearing always in mind these limitations, examine the meaning of this Table II, line 2. It appears to give, in a manner beyond mathematical cavil, values of fundamental importance for all consideration of intellectual tests, whether dealing with their practical use or their scientific significance. These values, the correlations of the different performances with the hypothetical general factor itself, measure what has been called the "intellective saturation" of the performances, the degree in which excellence at them indicates pure "general ability," or, physiologically speaking, the degree in which they depend on the energy of the whole cortex. We will, therefore, term these values coefficients of "intellective saturation."³

¹ See p. 227.

² See p. 222.

³ Similar coefficients were given by one of the present writers in 1904 under the same designation of "intellective saturation." (*Am. J. Psych.*, XV). But somehow a whole passage appears to have been omitted from that paper. The demonstration runs: "Our results must be further squared" (p. 276); but "our results" themselves are nowhere to be found. This and other extraordinary mis-

Taking these coefficients for the various performances, one result that will appear natural enough to most psychologists is the top position taken by "Quality of Sentences," the saturation coefficient being as high as .86. For this test clearly depends to a large extent on appreciation of the meaning of conjunctions, prepositions, and other syncategorematic words, so that it belongs to the popular but extremely vague category of "higher" intellectual operations. It may be compared with the successful tests of "Reasoning" done by Burt¹ on normal children or with the "Comparisons" of Descoedres² on defectives.

The lower position taken by "Quantity of Sentences" with a saturation coefficient of .64 seems also to have been foreshadowed in previous work. Almost everywhere, quantity has shown less intellectual significance than quality. Compare, for instance, the poor results of Burt's "Association of Words"³ and of Descoedres' "Finding as many words as possible in three minutes."⁴ Even Whipple's quantity of "Word building" only correlated with class standing to the insignificant amount of .13. (*Psych. Review*, XV, 1908.)

The comparison between the intellectual saturation for the tests of speed as opposed to those of accuracy may be extended throughout the table, since five of the tests supply a separate value for each of these two aspects. But the accuracy, it will be noticed, is of two different kinds. In three cases, it is achieved in the face of some intellectual difficulty; in every one of these it stands higher than speed, the former being 1, 2 and 4 in Table II, while the speeds only take the places 6, 8, 9, 11 and 15. But in the other two cases, the mistakes are of the nature of carelessness, being easily avoidable by even the worst patients if not obliged to hurry; in these cases, accuracy takes, on the con-

prints in that paper, and in the one by the same author in the January number of the same Journal, must be attributed to these papers having been published without ever submitting the proof sheets to the author for correction.

¹ *Journ. Exper. Pedagogy*, 1911, I, p. 93.

² *Archives de Psychologie*, 1911, XI, p. 369.

³ *Ibidem*, p. 99.

⁴ *Ibidem*, p. 369.

trary, the extremely low places 16 and 17.¹ The superiority of accuracy (other than mere carefulness) over speed accords with all previous trustworthy investigation concerning normal persons also.² But it is sometimes masked in the work of those who have not yet realized the existence of "attenuation" by errors of measurement; these errors are usually far larger in measuring accuracy than speed, so that on a superficial view the results for speed may look the better of the two.

Unexpected to many readers will prove the high position taken by "Fullness of memory, test B" with a saturation coefficient of .77, especially when confronted with the low position of the nearly identical test A. On introspection, the difference between the two does not seem to be either "reasoning" or "understanding" in any usual signification of these words, but simply one of intellectual activity and control.

The strikingly low position of "fidelity" of memory is clearly due to this being chiefly governed by factors of an emotional and volitional rather than intellectual sort. Any one can avoid such mistakes almost entirely if he refuses to answer unless perfectly certain; while every one is bound to make plenty of them if he insists on making a shot whenever there is the least chance of hitting.

We may turn now to perhaps the most important point in the whole of the present paper. For among the highest merits of any theory is the power of leading to definite quantitative consequences which can readily be compared with empirical observations. Our theory of general and specific factors has already been submitted to this trial several times, but the culmination is reached in *comparing the coefficients of intellective saturation with the coefficients found to represent the depreciation of mental power caused by insanity* (Table II). If the theory is true, the two kinds of coefficients should, except for any supervening disturbances, exactly correspond with one another; for, according to the theory, the saturation coefficients measure the

¹ This fact adds one more to the many positive evidences that the general factor really indicates mental power rather than mere painstaking, as some writers have speculatively suggested.

² See Krueger and Spearman, *Zeitsch. f. Psych.*, 1906, XLIV p. 104.

degree in which the different performances depend on the whole cortex, while the depreciation coefficients show how much these performances respectively suffer from weakening of this cortex. Without this theory, on the other hand, such a correspondence would be unintelligible. From the ordinary point of view, the correlations in Table V would merely represent the amounts that the different tests happened to overlap one another, or be otherwise casually connected, so that the table would have a random distribution and the saturation coefficients approximate to zero. The depreciation coefficients, on the other hand, would merely indicate how much the various parts or aspects of the cortex happened to be exposed to the maladies, and would have a random distribution quite independent of that of Table V.

On actual measurement the two sorts of coefficients turn out to have a correlation of $+ .47$. Closer inspection shows that this correlation would have been much higher still but for precisely the three tests where we found a discrepancy between the two groups of sane persons, namely, the three depending on motor speed; in these the patients show in tests 8, 11 and 15, Table II, a much greater depreciation than corresponds with their saturation coefficients in the same table. Now, the explanation given previously for the inferior motor speed of the group of asylum attendants was their more cautious behavior (p. 229). But in the case of the insane there are even stronger reasons for suspecting such caution; many of them were evidently inclined to believe that the experimenters were looking out for mistakes as evidence for their insanity. Fortunately, this disturbing influence can be eliminated; the motor speed performances can be taken as one group, and the remainder of the tests as another, and for each of these two groups the correlation between the two kinds of coefficients can be calculated separately, the average then being taken. Thus separated, each group of tests presents an extremely high correlation between the two kinds of coefficients, saturation and depreciation, the mean being no less than $.87$. When we further take into account that this value is probably "attenuated" by chance disturbances, the real value of

the correspondence, can scarcely be much short of completeness.

The correspondence and its interpretation can be submitted to a trial of even greater severity. If the above reasoning is valid, the depreciation coefficients derived from the patients should not only accurately correlate with the saturation coefficients derived from these same patients, but should also agree (as closely as permitted by the sampling fluctuations involved) with analogous saturation coefficients derived from *any similar group of normal persons*. Here, therefore, the theory demands a correspondence between two sets of values of extremely different origin; whereas the depreciation coefficients measure the falling off of the performances owing to insanity, the saturation coefficients in question present a very special and abstract aspect of the relative amounts of correlation between such performances among the perfectly sane. In spite of this wide gulf to be bridged, the correlation between the two coefficients (measured just as the .87 above) amounts to no less than .73. And in complete agreement, the correlation between the saturation coefficients of the sane and the insane comes to .77.

On the whole, it seems impossible to escape the conclusion that the general intellectual depreciation caused by these maladies is of exactly the same character as the innate quality of normals usually called "stupidity."

It would be interesting to compare this result with that of any previous investigators. But although it is a matter on which there has been much dogmatizing — mostly assertions that dementia and stupidity are radically different — there has been scarcely any attempt to bring forward definite quantitative facts. One striking exception is the work of Gregor and Foerster, who investigated a number of their patients and determined the correlations with the express purpose of making a comparison with the research of others concerning normal persons. The correspondence turned out, just as in the present paper, to be remarkably good; the authors sum it up by saying: "In our experiments with paralytics, correlations were found between all the functions where Krueger and Spearman found them in

normal persons; on the other hand, correlations were absent in our results between those functions where Krueger and Spearman did not find them."¹

A quite similar correspondence has been found between normal stupidity and the pathological impairment of intelligence in "defective" children.²

VI. "SPECIFIC CORRELATIONS"

These, being of less importance for our present purpose, may be treated more briefly. By "specific correlation" is meant the value denoted in the preceding section as $r_{s_{ab}}$; that is to say the correlations that any tests *a* and *b* would still have with one another if the correlation produced by common dependence on the entire cortex were eliminated.

In arriving at the saturation coefficients given in Table II, we assumed that this $r_{s_{ab}}$ was always =.0; and this assumption proved sufficiently correct when considering the general tendency of the whole table of correlations. But it may well be widely incorrect when considering any one correlation singly. To test this, $r_{s_{ab}}$ may be determined by equation (1), simply filling in the values on the right side of this equation from Tables II and V. On doing so we have found that out of the one hundred and fifty-three different pairs of performances only six show $r_{s_{ab}}$ sufficiently large to be ascribed to anything beyond mere chance.³ These are given in Table VI, together with the values of r_{ab} and $r_{ag.r_{bg}}$ for the same pairs of performances.⁴

Taking these in order, the explanation of the existence of specific correlation in (1) is obvious; these two tests had purposely been arranged to be exactly similar except in one point. In (2) also, the specific correlation is natural enough;

¹ Monatschrift f. Psychiatrie u. Neurologie, XXVI, p. 83.

² See Abelson, B. J. P., IV, p. 268.

³ In selecting these six, our standard has been that the discrepancy between $r_{ag.r_{bg}}$ and r_{ab} should be more than three times the probable error of the latter. r_{ab} , it will be remembered, denotes the ordinary correlation between the tests *a* and *b*; $r_{ag.r_{bg}}$ denotes the saturation coefficient of *a* multiplied by that of *b*.

⁴ For the meaning of these symbols, see preceding note.

the volitional and emotional tendencies producing infidelity of memory could scarcely be expected to affect one of these tests and not the other. (3) and (4) are interesting as showing that, although the influence of the common dependence on the cortex has now been theoretically eliminated, the persons who are quicker tend still to be the more accurate also (a matter on which light has been thrown by the researches of Thorndike). (5) and (6) leave a certain latitude of interpretation; perhaps the most plausible one is that the estimates of intelligence were largely based on the patients' powers of verbal expression.

The above results for the patients are perfectly matched by those for the normal persons, also given in Table VI. Here, $r_{s_{ab}}$ has a significant value in two cases only, and both are among those noted for the patients.

More surprising than these cases where specific correlation is proved to exist are those in which it is absent. For instance, nothing is commoner than to describe a person as being "accurate" or "quick" in his actions; and in a great many cases, this appears to mean that the person has displayed accuracy or speed at some performances and therefore is expected to do so at others also. If this generalization is legitimate, then there should be a high specific correlation between the accuracy of one performance and that of another in our present tests; similarly, as regards speed. Table VIII shows, however, that nothing of the sort really occurs; specific correlation is as completely absent between accuracy for one test and that for another, or between speed for one test and speed for another, as it is between accuracy for one test and speed for the other.

In one more instance, the value of the specific correlation appears to be worth remark. We have seen above that the two extremely similar tests of memory, A and B, present a high specific correlation with one another. But A and B have a considerable, though a good deal less, similarity to the memory test C. As so frequently found in previous investigations, however, similarity of this moderate degree no longer produces appreciable specific correlation, as may be seen in Table IX.

VII. COMPARISON OF THE TESTS WITH ESTIMATES OF INTELLIGENCE

At this point, our interpretation of the experimental results seems to lead to a paradox. The saturation coefficient of these estimates, giving the degree in which the estimates truly represent the intelligence, amounts only to .55, instead of nearly unity, as might have been expected. If we make a direct comparison of the ranks assigned to the patients by the estimates with those assigned by all the tests pooled, the result is still the same, the correlation being only .57. The results for the sane subjects are, as far as they go, in a similar direction. All seems to indicate that the estimates form a less reliable guide as to the patient's real intelligence than do several of the experimental tests. This goes even beyond the results of previous investigators. In the work of Abelson, for instance, such estimates were indeed found greatly inferior to the pool of several tests together, but they were distinctly better than any single test taken alone.¹ Burt came to the same conclusion.²

To get at the root of this discrepancy between the estimates and the tests, we may begin by considering the sources of error from a very broad point of view. We can scarcely do better than avail ourselves of the masterly words of Bacon: "The mind, darkened by its covering the body, is far from being a flat, equal, and clear mirror that receives and reflects the rays without mixture, but rather a magical glass, full of superstitions and apparitions. Idols are imposed upon the understanding, either (1) by the general nature of mankind; (2) the nature of each particular man; or (3) by words, or communicative nature. The first kind we call idols of the tribe; the second kind, idols of the den; and the third kind, idols of the market."

From the first kind, or idols of the tribe, the tests have never been proved to suffer. Whereas estimates, even when apparently quite independent, have recently been shown experimentally to be influenced by such idols to a remarkable degree.³

¹ Brit. J. Psych., IV, 1911, 305.

² Brit. J. Psych., III, 1909, p. 159.

³ See Marbe on "The Uniformity of Psychical Occurrence," Kongress für Exp. Psychologie, IV, 1912.

The second kind, or idols of the den, obviously affect any single test largely; they vitiate it to just the extent that it depends on the particular cortical region involved as opposed to the whole cortex; but their perverting influence diminishes in proportion to the number of tests pooled together. It is wrong, however, to imagine that these idols do not affect the estimates also. Their influence here admits of exact determination, being represented by the correlation between the estimates of different judges of the same persons; this proves in our investigation to be no more than .66.

Lastly, from the idols of the market place the tests are clearly exempt. But as regards the estimates, one must agree with Bacon that these idols "give the gravest disturbance." And they are bound to be peculiarly influential in a corporate institution, such as an asylum, where the constant inter-communication, and therefore mutual suggestion, between the members of the asylum staff must inevitably engender a more or less uniform "plane" of general opinion. On the whole, then, these *a priori* considerations are far from confirming the popular tendency to value the tests strictly according to their agreement with the estimates, but rather raise a suspicion that the latter may be the less trustworthy of the two.

Luckily, we are not confined to these *a priori* considerations for explaining the discrepancy between the tests and estimates. Direct light can be obtained by individual scrutiny of the most pronounced actual instances. First, we may pick out the patients who have been rated much lower by the estimates than by the tests; four of them stand out conspicuously from the rest. Every one of them proves to be a case of dementia præcox; this is the very malady where, as we have seen, the estimates are subject to a grave under-estimation of ability. Then take the patients who, inversely, have been ranked much lower by the tests than by the estimates; we find only two conspicuous instances; and both are general paralysis, the disease of all others whose ravages are known to go often far deeper than outward appearances would suggest.

But over and above these sources of downright error,

the discrepancy between the tests and the estimates may well derive in large part from some real difference in the objects aimed at by them. The tests claim to measure the energy of the whole cortex, a theoretical and purely quantitative matter. But the estimates of "intelligence" can scarcely help having some degree of practical bias; they are likely to measure not so much bare quantity as efficiency, not so much clever as valid thinking. And every psychologist knows that errors of thought arise, not only from stupidity, but even more so from perverted emotion and volition.¹

VIII. METHODS OF MEASURING THE INTELLECT

The simplest way is to form an estimate on the basis of natural intercourse, either making some definite observations, or trusting to one's general impression. This has many disadvantages. In particular, the ordinary course of events may not happen to put the person's intellect to any unequivocal trial.

Consequently, the necessity has everywhere been felt of artificially modifying the course of events, so as to bring the person's intellectual power to more distinct expression. The usual procedure has three steps: he is submitted to some sort of examination or test judged by "common sense" as likely to reveal any impairment of "intelligence"; his degree of success is estimated in the light of general experience; and on the basis of one or two such trials, the verdict is formed.

But none of these steps find much support in our experimental results. Tables I and II reveal that "common sense" is but a lame guide as to what tests will exhibit the clearest evidence of mental deterioration. No one, for instance, would have prophesied that of the two closely similar tests A and B, one would exhibit nearly the greatest, and the other nearly the least depreciation of ability in insanity.

Further, psychologists are beginning to discover that the

¹ Much light on this matter will be furnished by an investigation of Mr. Webb shortly to be issued from the laboratory of one of us.

conception of "intelligence" is confused and inadequate. For our present purpose, it requires replacing by *two* clear conceptions, each needing quite different kinds of test. First, there is the "general ability," equivalent physiologically to the energy of the entire cortex. To estimate this, tests have to be devised in which the influence of the entire cortex plays as large a rôle as possible; and this influence admits of precise measurement by means of our coefficients of "intellective saturation." But since even with the highest obtainable coefficient the influence of general ability never completely ousts that of specific ability, it is indispensable to take the pool of several tests. The laws of probability show that if the influence of specific ability in single tests averages about, say, s , such influence in x tests pooled together will sink to about $s/\sqrt{x}$. The bigger the pool, the less will be the relative influence of the specific abilities, and the more clearly visible will be any impairment of the general ability.

But to determine the general ability is not sufficient. In order to diagnose the nature of the malady, we need also to find out the specific mental damage. And in this matter, there appears to be even greater urgency for further investigation. The views now current are not founded upon solid evidence. The sole means by which such evidence can be obtained have been indicated above, and involve very elaborate research.

The possession of the best tests, however, would be of little use until we knew how to value the patient's success at them. The general impression formed by the experimenter in the light of ordinary experience has been found by us to be treacherous. Our patients repeatedly exhibited errors, incapacities, and other intellectual shortcomings which, at first sight, suggested advanced dementia; but later on, we found just the same to occur with persons of blameless sanity. On the other hand, a patient's performance sometimes seemed remarkably good, until quantitative comparison with the sane showed it really to be poor. An indispensable requisite, then, to the evaluation of all such tests is a full record of similar performances by many normal persons. The not unusual practice of testing for comparison

one single normal person appears more likely to mislead than help (Bechterew, *Traité Intern.*, p. 149).

The value of the tests will be greatly enhanced when all psychiatrists have been induced to accept the same ones. The results gained by different experimenters, or in different asylums, or at different dates, will then become comparable with one another. The importance of this unification has been urged in a most **convincing** way by Sommer. But its speedy adoption can **scarcely** be hoped for. None of the prevalent methods of testing appear to merit unanimous adoption so much as unanimous rejection.

There is a further and more serious obstacle to obtaining full value from tests, namely, the lack of reliable information concerning the patient's powers previously in health. The pathological impairment has been proved above to be quite similar in nature to the inequalities existing even among normal persons. Hence, we cannot measure how much an intellect has been affected by malady unless we know how great it was in health. It has been suggested that only such tests should be used which all normal persons without exception can execute (Ziehen). But this, as is evident from Table I, would limit consideration of dementia to the grossest, least interesting cases. The difficulty applies in especial degree to specific abilities; for these differ so widely in health, that even the most extreme incapacity furnishes uncertain evidence of pathological deterioration.

It remains expressly to disclaim exceptional virtue for the tests employed in the present investigation. They were chosen, not as models of excellence for practical use, but as the most likely to illumine the matter and thus prepare the way for making excellent ones in the future. The chief requirements turn out to be: convenience of application, adequate reliability coefficients, and high coefficients of intellective saturation. Now, all our present tests are fairly convenient; most of them have pretty good reliability coefficients (see Table V); but the only ones with tolerable coefficients of general ability are quality and quantity of sentences, accuracy and speed of figures, accuracy and speed of addition, and perhaps speed of rings.¹

¹ The sentence tests would be much improved if they could be modified so as to make the estimation of their quality less arbitrary.

An abundance of other tests will be found in the recent literature (especially in Whipple's "Manual of Mental and Physical Tests"). It is required to make convenient selections and modifications, and then to determine their coefficients of reliability and of intellective saturation. Not till this has been done will it be possible to pick out really good tests of general ability.

As regards measuring specific mental injury, memory tests B and A promise to be significant for epilepsy. The special usefulness attributed by Ziehen and others to the test of erasure receives here some confirmation. Also, the exceptional results of the three tests of motor speed may admit of being turned to good account.

This section may be closed with the caution, that no tests or other refined means of examination are likely to be successful except in the hands of those properly trained in modern psychology.

IX. FURTHER ASPECTS OF THE INTELLECT

The facts discussed in the present paper have been found to be incompatible with the usually assumed functional unities, which are simply the old "faculties" masquerading under new names; they can only be explained by the theory of general and specific abilities. But this by no means implies that these two factors constitute a complete characterization of the intellectual make-up of individuals.

To begin with, all the test performances are what may be called maximal; they show what the subjects can do under such a strong stimulus as the experimenter's exhortation to try their hardest. But it cannot be expected that such strenuous efforts should have a course closely similar to that of ordinary life. For instance, although the specific correlation between the *powers* of speed in different performances has been found to approximate to zero, this need not necessarily be at all the case as regards *preferences* of rate; on the contrary, the person who likes to do one thing in a deliberate manner is very likely to prefer deliberateness in other things also.

Then again, our tests were of such short duration as practically to eliminate the influence of fatigue, though this under other circumstances may be very powerful. It has, indeed, been shown recently by Flügel that fatigue, like ability, is either of the whole cortex or else of some very particular cortical region;¹ but there is no ground for assuming that the person with greatest momentary supply of cortical energy will also possess the most enduring supply.

Also, many further factors have been stated to characterize the intellection of individuals, such as "perseveration," "span of consciousness," etc. The great majority of these statements are merely guesses or illicit generalizations; but a few of them are probably true and very important.

Furthermore, it will be noted that our cases are far from exhausting the whole field of mental diseases. The classification of insanity at the present day is so unsettled, and the specific mental diseases generally recognized are so ill-defined, that we have felt it to be unprofitable to attempt refinements of diagnosis. Only well-marked instances of commonly accepted clinical diseases have been selected for the purpose of the tests, and even with regard to these it must be clearly understood that the few comments we have ventured to make as to the distinctions existing between various diseases have only a very limited and provisional value.

Finally, these tests have been arranged so as to be confined to purely intellectual factors. But in ordinary life, this simplicity is of rare occurrence; for the most part, what we think and believe is dominated by what we feel and want.²

X. CHIEF CONCLUSIONS

1. Our experimental results appear incompatible with the current view that dementia consists in large "defects," "gaps," "hyperfunctions" or "ataxias" in mental power, such as "disturbed association," "faulty judgment," "weak

¹ Brit. J. Psych., VI, 1913, p. 60.

² A good illustration is furnished by W. McDonald in his "Studies in Dementia," Proc. Am. Medico-Psych. Asso., Boston, June, 1906, p. 248.

power of conception," "poverty of ideas," "loss of memory," etc. For the inequality between the powers of the same person for different kinds of performance does not appear to be appreciably greater in insanity than in health, nor in one of the forms of insanity tested than in another. Thus, in the main, the mental injury appears to be of a perfectly diffuse character or to constitute a lowering of the whole intellectual level. The fallacy of "defects" would seem to derive from taking as effects of the malady what are really perfectly normal differences between a person's powers for different performances. These misapprehended weaknesses have, further, been unduly generalized; a poor ability in some particular operation involving memory has been illegitimately taken as inefficiency of memory as a whole.

2. Over and above this general impairment, elaborate methods can also detect certain damages characteristic of particular maladies. These are very narrow and specific in kind, but probably may be correspondingly grave in intensity.

3. The sole theory capable of accounting for these and other results appears to be that already reached in the experimental investigation of normal persons. According to this, every intellectual performance depends on *two* physiological factors: the particular region or characteristic of the cortex which is the direct substratum of that performance; and secondly, a reinforcement or other support derived from the entire cortex. It is the latter factor whose impairment produces all of the more readily observable signs of dementia. The intellectual damage arising from the former factor is most difficult to detect, just as is known to be the anatomical factor itself. It is very unlikely to be manifested on any mere casual examination. These specific mental injuries offer a large field urgently needing exact investigation.

4. This correspondence between the normal and pathological results has been found susceptible of an extremely crucial verification. Among normal subjects, the degree of dependence of any intellectual performance on the efficiency of the entire cortex as opposed to the specific substratum can be brought to quantitative measurement

TABLE I

Each dot represents a person tested. The greater the success the further the dot to the left.

	Sentences Quality. % incorrect.	Fullness of Memory test B Omissions.	Figures accuracy Errors.	Perception of Crookedness. Errors.
Normals (S)	0 6 12 18 24 30 36 42 48 54 60 66 72	0 4 8 12 16 20 24 28 32	0 6 12 18 24 30 36 42 48	0 5 10 15 20 25 30 35 40
Normals (H)	0 6 12 18 24 30 36 42 48 54 60 66 72	0 4 8 12 16 20 24 28 32	0 6 12 18 24 30 36 42 48	0 5 10 15 20 25 30 35 40
General Paralysis	0 6 12 18 24 30 36 42 48 54 60 66 72	0 4 8 12 16 20 24 28 32	0 6 12 18 24 30 36 42 48	0 5 10 15 20 25 30 35 40
Dem. Praecon late	0 6 12 18 24 30 36 42 48 54 60 66 72	0 4 8 12 16 20 24 28 32	0 6 12 18 24 30 36 42 48	0 5 10 15 20 25 30 35 40
Dem. Praecon early	0 6 12 18 24 30 36 42 48 54 60 66 72	0 4 8 12 16 20 24 28 32	0 6 12 18 24 30 36 42 48	0 5 10 15 20 25 30 35 40
Imbecility	0 6 12 18 24 30 36 42 48 54 60 66 72	0 4 8 12 16 20 24 28 32	0 6 12 18 24 30 36 42 48	0 5 10 15 20 25 30 35 40
Alcoholic Dem.	0 6 12 18 24 30 36 42 48 54 60 66 72	0 4 8 12 16 20 24 28 32	0 6 12 18 24 30 36 42 48	0 5 10 15 20 25 30 35 40
Epilepsy	0 6 12 18 24 30 36 42 48 54 60 66 72	0 4 8 12 16 20 24 28 32	0 6 12 18 24 30 36 42 48	0 5 10 15 20 25 30 35 40
Paranoia	0 6 12 18 24 30 36 42 48 54 60 66 72	0 4 8 12 16 20 24 28 32	0 6 12 18 24 30 36 42 48	0 5 10 15 20 25 30 35 40
Psychasthenia	0 6 12 18 24 30 36 42 48 54 60 66 72	0 4 8 12 16 20 24 28 32	0 6 12 18 24 30 36 42 48	0 5 10 15 20 25 30 35 40
Mania Depression	0 6 12 18 24 30 36 42 48 54 60 66 72	0 4 8 12 16 20 24 28 32	0 6 12 18 24 30 36 42 48	0 5 10 15 20 25 30 35 40
Alcoholic Hallucination	0 6 12 18 24 30 36 42 48 54 60 66 72	0 4 8 12 16 20 24 28 32	0 6 12 18 24 30 36 42 48	0 5 10 15 20 25 30 35 40
Normals (S)	0 1 2 3 4 5 6 7 8	0 4 8 12 16 20 24 28 32 36 40 44 48	0 6 12 18 24 30 36 42 48	0 5 10 15 20 25 30 35 40
Normals (H)	0 1 2 3 4 5 6 7 8	0 4 8 12 16 20 24 28 32 36 40 44 48	0 6 12 18 24 30 36 42 48	0 5 10 15 20 25 30 35 40
General Paralysis	0 1 2 3 4 5 6 7 8	0 4 8 12 16 20 24 28 32 36 40 44 48	0 6 12 18 24 30 36 42 48	0 5 10 15 20 25 30 35 40
Dem. Praecon late	0 1 2 3 4 5 6 7 8	0 4 8 12 16 20 24 28 32 36 40 44 48	0 6 12 18 24 30 36 42 48	0 5 10 15 20 25 30 35 40
Dem. Praecon early	0 1 2 3 4 5 6 7 8	0 4 8 12 16 20 24 28 32 36 40 44 48	0 6 12 18 24 30 36 42 48	0 5 10 15 20 25 30 35 40
Imbecility	0 1 2 3 4 5 6 7 8	0 4 8 12 16 20 24 28 32 36 40 44 48	0 6 12 18 24 30 36 42 48	0 5 10 15 20 25 30 35 40
Alcoholic Dem.	0 1 2 3 4 5 6 7 8	0 4 8 12 16 20 24 28 32 36 40 44 48	0 6 12 18 24 30 36 42 48	0 5 10 15 20 25 30 35 40
Epilepsy	0 1 2 3 4 5 6 7 8	0 4 8 12 16 20 24 28 32 36 40 44 48	0 6 12 18 24 30 36 42 48	0 5 10 15 20 25 30 35 40
Paranoia	0 1 2 3 4 5 6 7 8	0 4 8 12 16 20 24 28 32 36 40 44 48	0 6 12 18 24 30 36 42 48	0 5 10 15 20 25 30 35 40
Psychasthenia	0 1 2 3 4 5 6 7 8	0 4 8 12 16 20 24 28 32 36 40 44 48	0 6 12 18 24 30 36 42 48	0 5 10 15 20 25 30 35 40
Mania Depression	0 1 2 3 4 5 6 7 8	0 4 8 12 16 20 24 28 32 36 40 44 48	0 6 12 18 24 30 36 42 48	0 5 10 15 20 25 30 35 40
Alcoholic Hallucination	0 1 2 3 4 5 6 7 8	0 4 8 12 16 20 24 28 32 36 40 44 48	0 6 12 18 24 30 36 42 48	0 5 10 15 20 25 30 35 40

Ticking rings speed
Time, seconds

28 37 46 55 64 73 82 91 100

Sentences Quantity
Number correct.

79 72 66 60 54 48 42 36 30 24 18 12 6

Figures speed
Mean time, seconds.

0 4 8 12 16 20 24 28 32 36 40 44 48

Normals (S)

Normals (H)

General Paralysis

Dem. Precoc. late

Dem. Precoc. early

Imbecility

Alcoholic Dem.

Epilepsy

Paranoia

Pythiasis

Mania Depressio

Alcohol Hallucina

Normals (S)

Normals (H)

General Paralysis

Dem. Precoc. Late

Dem. Precoc. early

Imbecility

Alcohol Dem.

Epilepsy

Paranoia

Psychasth

Mania - Depress

Alcohol Hallucina

Fidelity of Memory Test A

% of wrong answers to omissions

20 30 40 50 60 70 80 90 100

Normals (S) 8 8 8 8 8 8 8 8 8 8

Normals (H) 8 8 8 8 8 8 8 8 8 8

General Paralysis 8 8 8 8 8 8 8 8 8 8

Dem. Precoc. late 8 8 8 8 8 8 8 8 8 8

Dem. Precoc. early 8 8 8 8 8 8 8 8 8 8

Imbecility 8 8 8 8 8 8 8 8 8 8

Alcoholic Dem. 8 8 8 8 8 8 8 8 8 8

Epilepsy 8 8 8 8 8 8 8 8 8 8

Paranoia 8 8 8 8 8 8 8 8 8 8

Pythiasis 8 8 8 8 8 8 8 8 8 8

Mania Depressio 8 8 8 8 8 8 8 8 8 8

Alcohol Hallucina 8 8 8 8 8 8 8 8 8 8

Fidelity of Memory Test B

% of wrong answers to omissions

30 40 50 60 70 80 90 100

Normals (S) 8 8 8 8 8 8 8 8

Normals (H) 8 8 8 8 8 8 8 8

General Paralysis 8 8 8 8 8 8 8 8

Dem. Precoc. late 8 8 8 8 8 8 8 8

Dem. Precoc. early 8 8 8 8 8 8 8 8

Imbecility 8 8 8 8 8 8 8 8

Alcoholic Dem. 8 8 8 8 8 8 8 8

Epilepsy 8 8 8 8 8 8 8 8

Paranoia 8 8 8 8 8 8 8 8

Pythiasis 8 8 8 8 8 8 8 8

Mania Depressio 8 8 8 8 8 8 8 8

Alcohol Hallucina 8 8 8 8 8 8 8 8

Tapping

Number in 20 seconds

120 132 144 156 168 180 192 204 216 228

Normals (S) 120 132 144 156 168 180 192 204 216 228

Normals (H) 120 132 144 156 168 180 192 204 216 228

General Paralysis 120 132 144 156 168 180 192 204 216 228

Dem. Precoc. Late 120 132 144 156 168 180 192 204 216 228

Dem. Precoc. early 120 132 144 156 168 180 192 204 216 228

Imbecility 120 132 144 156 168 180 192 204 216 228

Alcohol Dem. 120 132 144 156 168 180 192 204 216 228

Epilepsy 120 132 144 156 168 180 192 204 216 228

Paranoia 120 132 144 156 168 180 192 204 216 228

Psychasth 120 132 144 156 168 180 192 204 216 228

Mania - Depress 120 132 144 156 168 180 192 204 216 228

Alcohol Hallucina 120 132 144 156 168 180 192 204 216 228

Addition speed

Mean time, seconds

2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22

Normals (S) 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22

Normals (H) 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22

General Paralysis 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22

Dem. Precoc. late 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22

Dem. Precoc. early 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22

Imbecility 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22

Alcoholic Dem. 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22

Epilepsy 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22

Paranoia 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22

Pythiasis 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22

Mania Depressio 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22

Alcohol Hallucina 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22

Cancellation Accuracy

Number of omissions

0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20

Normals (S) 0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20

Normals (H) 0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20

General Paralysis 0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20

Dem. Precoc. Late 0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20

Dem. Precoc. early 0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20

Imbecility 0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20

Alcohol Dem. 0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20

Epilepsy 0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20

Paranoia 0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20

Psychasth 0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20

Mania - Depress 0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20

Alcohol Hallucina 0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20

Cancellation speed

Time, seconds

60 90 120 150 180 210 240

Normals (S) 60 90 120 150 180 210 240

Normals (H) 60 90 120 150 180 210 240

General Paralysis 60 90 120 150 180 210 240

Dem. Precoc. late 60 90 120 150 180 210 240

Dem. Precoc. early 60 90 120 150 180 210 240

Imbecility 60 90 120 150 180 210 240

Alcoholic Dem. 60 90 120 150 180 210 240

Epilepsy 60 90 120 150 180 210 240

Paranoia 60 90 120 150 180 210 240

Pythiasis 60 90 120 150 180 210 240

Mania Depressio 60 90 120 150 180 210 240

Alcohol Hallucina 60 90 120 150 180 210 240

Average for all Tests

Number of marks

0 20 40 60 80 100 120 140 160 180 200

Normals (S) 0 20 40 60 80 100 120 140 160 180 200

Normals (H) 0 20 40 60 80 100 120 140 160 180 200

General Paralysis 0 20 40 60 80 100 120 140 160 180 200

Dem. Precoc. Late 0 20 40 60 80 100 120 140 160 180 200

Dem. Precoc. early 0 20 40 60 80 100 120 140 160 180 200

Imbecility 0 20 40 60 80 100 120 140 160 180 200

Alcohol Dem. 0 20 40 60 80 100 120 140 160 180 200

Epilepsy 0 20 40 60 80 100 120 140 160 180 200

Paranoia 0 20 40 60 80 100 120 140 160 180 200

Psychasth 0 20 40 60 80 100 120 140 160 180 200

Mania - Depress 0 20 40 60 80 100 120 140 160 180 200

Alcohol Hallucina 0 20 40 60 80 100 120 140 160 180 200

(in the coefficients of "intellective saturation"). The value obtained proves to be strictly proportional to the degree that the performance is depreciated in insanity.

5. The importance of this theory of two factors in ability may be exemplified by the strife of centuries concerning cerebral localization. The one school, as exemplified by Munk, has its eyes on the specific factor alone; while the other, with Goltz, has persistently had in view the general factor. The possibility is now dawning of a scientific reconciliation, in the shape of a quantitative estimate of both factors.

6. As regards practical diagnosis, the method of mental tests appears to be already capable of accurately determining any person's general level of intellectual power. But before accurately measuring the impairment (especially in slight cases) we require to know how great this power was in health. The determination of the specific depreciation characterizing particular maladies remains almost wholly a matter for future investigation. But the present results appear, at any rate, to have shown how this investigation may be successfully pursued.

7. In addition to general and specific ability, there probably remain further highly important constituents of individual intellectual make-up.

TABLE II
"COEFFICIENTS OF DEPRECIATION" AND OF "INTELLECTIVE SATURATION"

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
1. "Depreciation"	1.6	1.2	1.6	1.3	.8	1.3	1.2	2.4	.9	. .	1.9	.1	.2	.6	.8	. .	.2	. .	. .
2. "Intellective Saturation" de- noted by r_{ag} { (a) insane (b) sane	.86	.81	.77	.69	.75	.64	.64	.55	.50	.40	.35	.34	.33	.31	.32	.23	.24	.25	.57
		.69	.78	.78	.40	.28	.38	.48	.54	. .	.48	.17	.26	.35	.33	. .	.22	. .	.55
	Sentences, quality	Figures, accuracy	Fullness of mem., test B	Addition, accuracy	Perception of crookedness	Figures, speed	Sentences, quantity	Tickings rings, speed	Addition, speed	Fullness of mem., test C	Cancellation, speed	Fidelity of mem., test B	Fidelity of mem., test A	Fullness of mem., test A	Tapping	Tickings rings, accuracy	Cancellation, accuracy	Fidelity of mem., test C	Estimated intelligence

The above coefficient of depreciation is the average mark obtained by the sane minus that obtained by the insane. Its unit of measurement has been furnished by the geometric mean between the "standard deviations" of the two classes of subjects.

TABLE IV

	Number of patients	Average variation of rank	Correlation between the ranks for different tests
Manic depression	5	5.9	-.13
Psychasthenia	5	6.3	+.06
Paranoia	9	7.1	+.06
Epilepsy	8	6.5	+.24
Alcoholic dementia	3	6.1	+.29
Dementia præcox, early stage	9	6.3	-.07
Dementia præcox, late stage	10	7.1	+.03
General paralysis	10	6.5	-.03
Imbecility	1	2.7	..
Alcoholic hallucinosis	1	15.1	..

TABLE V. CORRELATIONS BETWEEN TESTS OF INSANE

	Sentences, quality	Figures, accuracy	Fullness mem., test B	Addition, accuracy	Perception of crookedness	Figures, speed	Sentences, quantity	Estimated intelligence	Ticking rings, speed	Addition, speed	Fullness of mem., test C	Cancellation, speed	Fidelity of mem., test B	Fidelity of mem., test A	Fullness of mem., test A	Tapping	Ticking rings, accuracy	Cancellation, accuracy	Fidelity of mem., test C
Sentences, quality	.65	.51	.51	.70	.51	.46	.85	.76	.42	.55	.41	.28	.47	.10	.35	.11	.05	.12	.31
Figures, accuracy	.10	.67	.54	.58	.68	.09	.07	.06	.12	.09	.09	.10	.12	.16	.14	.11	.14	.11	.12
Fullness mem., test B	.10	.09	.09	.13	.08	.03	.09	.10	.10	.10	.13	.10	.12	.14	.14	.10	.13	.10	.14
Addition, accuracy	.11	.54	.54	.09	.51	.57	.51	.37	.19	.43	.20	.40	.09	.05	.76	.34	.05	.38	.03
Perception of crookedness	.10	.13	.09	.63	.44	.57	.45	.47	.39	.53	.41	.30	.26	.32	.20	.11	.14	.11	.18
Figures, speed	.08	.88	.57	.57	.77	.09	.09	.10	.12	.08	.11	.10	.14	.14	.16	.11	.13	.12	.11
Sentences, quantity	.09	.03	.09	.09	.08	.42	.60	.66	.44	.31	.29	.14	.11	.19	.35	.24	.05	.12	.29
Estimated intelligence	.07	.52	.37	.47	.55	.45	.45	.66	.38	.39	.27	.12	.18	.18	.05	.24	.09	.19	.04
Ticking rings, speed	.42	.33	.19	.39	.48	.24	.44	.38	.89	.09	.12	.10	.12	.24	.21	.13	.23	.15	.19
Addition, speed	.12	.10	.10	.12	.08	.10	.09	.09	.19	.80	.54	.13	.15	.46	.16	.10	.25	.05	.06
Fullness mem., test C	.09	.10	.20	.41	.02	.55	.29	.27	.07	.54	.78	.11	.06	.17	.12	.10	.13	.11	.12
Cancellation, speed	.09	.13	.16	.11	.12	.08	.11	.12	.14	.11	.11	.10	.15	.13	.11	.11	.12	.13	.11
Fidelity mem., test B	.10	.10	.11	.10	.09	.09	.10	.10	.08	.09	.10	.10	.12	.14	.11	.10	.14	.09	.12
Fidelity mem., test A	.12	.12	.13	.14	.11	.12	.13	.12	.11	.12	.15	.18	.59	.66	.06	.18	.12	.03	.27
Fullness mem., test A	.16	.14	.20	.14	.12	.13	.11	.18	.24	.46	.15	.02	.66	.52	.06	.18	.14	.13	.14
Tapping	.35	.29	.76	.20	.29	.17	.35	.05	.21	.16	.02	.36	.06	.06	.75	.02	.14	.17	.18
Ticking rings, accuracy	.14	.14	.11	.16	.08	.13	.12	.14	.16	.12	.13	.11	.14	.14	.18	.12	.00	.28	.14
Cancellation, accuracy	.14	.13	.14	.13	.14	.13	.10	.14	.13	.25	.34	.13	.12	.14	.12	.00	.73	.15	.14
Fidelity mem., test C	.31	.15	.03	.02	.13	.20	.29	.04	.19	.06	.34	.12	.27	.18	.14	.10	.10	.44	.08
	.12	.14	.18	.11	.13	.12	.12	.11	.14	.12	.12	.12	.14	.11	.11	.14	.10	.08	.53

TABLE VI

OBSERVED CORRELATIONS DIFFERING BY MORE THAN THREE TIMES THEIR
PROBABLE ERROR FROM THE THEORETICAL CORRELATIONS; NAMELY, r_{ag} · r_{bg}

		r_{ab} (observed)	r_{ag} · r_{bg} (theoretical)	r_{sa} · r_{sb} (theoretical)
1. Insane:	Fullness mem., A with fullness mem., B.	+ .76±.11	+ .24	+ .70
2. "	Fidelity mem., A " fidelity mem., B.	+ .66±.11	+ .11	+ .56
3. "	Figures, accuracy " figures, speed.	+ .88±.03	+ .52	+ .80
4. "	Sentences, quality " sentences, quantity.	+ .85±.07	+ .55	+ .77
5. "	Sentences, quality " imputed intelligence.	+ .76±.06	+ .47	+ .67
6. "	Sentences, quantity " imputed intelligence.	+ .66±.06	+ .48	+ .48
7. Sane:	Figures, accuracy " figures, speed.	+ .50±.11	+ .19	+ .45
8. "	Fidelity mem., A " fidelity mem., B.	+ .71±.22	+ .04	+ .70

TABLE VII. CORRELATIONS BETWEEN TESTS OF SANE

	Fullness mem., test B	Addition, accuracy	Figures, accuracy	Estimated intelligence	Addition, speed	Tickling rings, speed	Cancellation, speed	Perception of crookedness	Sentences, quantity	Fullness mem., test A	Figures, speed	Tapping	Fidelity mem., test A	Cancellation, accuracy	Fidelity mem., test B	Tickling rings, accuracy
Fullness mem., test B	.73	.66	.57	.38	.56	.28	.32	.28	.27	.39	.38	.25	.31	.19	.39	-.29
Addition, accuracy	..	.10	.10	.17	.10	.11	.17	.12	.12	.12	.11	.11	.23	.14	.13	.12
Figures, accuracy	.10	.43	.68	.36	.46	.21	.23	.15	.08	.48	.42	.33	.39	.16	.11	.27
Estimated intelligence	.57	.68	.07	.18	.13	.14	.15	.13	.15	.15	.13	.16	.18	.16	.13	.13
Addition, speed	.10	.07	.46	.23	.23	.42	-.04	.21	.34	.24	.50	.43	.08	-.04	.23	..
Tickling rings, speed	.38	.36	.46	.70	.27	.54	.36	-.02	.46	.31	.29	.05	..	-.21	.15	..
Cancellation, speed	.17	.17	.18	..	.18	.18	.14	.19	.16	.15	.17	.21	..	.17	.17	..
Perception of crookedness	.56	.46	.23	.27	.72	-.02	.44	.03	.11	.27	.45	.29	.21	.31	.18	-.22
Figures, speed	.10	.13	.13	.18	..	.12	.10	.15	.12	.13	.12	.13	.24	.15	.11	.12
Tickling rings, speed	.28	.21	.42	.54	-.02	.91	.12	.21	.21	.35	.11	.12	.15	.08	.40	-.08
Cancellation, speed	.11	.14	.11	.18	.12	..	.09	.12	.11	.11	.11	.12	.22	.18	.13	.12
Perception of crookedness	.32	.23	-.04	.36	.44	.12	.87	.24	.37	.19	.21	-.17	.35	.12	.31	.09
Figures, speed	.17	.15	.15	.14	.10	.10	..	.12	.11	.12	.11	.12	.22	.18	.13	.12
Tickling rings, speed	.28	.15	.21	-.02	.03	.21	.24	.81	.35	.24	.25	.11	.27	.16	.10	.07
Cancellation, speed	.12	.13	.14	.19	.15	.12	.12	..	.12	.12	.12	.16	.12	.14	.12	.12
Perception of crookedness	.27	.08	.34	.46	.11	.21	.37	.35	.83	-.15	.05	.30	-.08	.12	.10	.03
Figures, speed	.12	.15	.11	.16	.12	.11	.11	.12	..	.10	.12	.12	.13	.17	.11	.12
Tickling rings, speed	.39	.48	.24	.31	.27	.35	.19	.24	.15	.67	-.21	.14	-.14	.24	-.30	.40
Cancellation, speed	.12	.15	.14	.15	.13	.11	.12	.12	.10	..	.11	.10	.24	.21	.13	.11
Perception of crookedness	.28	.42	.50	.29	.45	.11	.21	.25	.05	-.21	.89	-.02	-.50	.41	.20	-.24
Figures, speed	.11	.13	.11	.17	.12	.11	.11	.12	.12	.11	..	.14	.20	.16	.13	.12
Tickling rings, speed	.25	.33	.43	.05	.29	.12	-.17	.11	.30	.14	-.02	.55	.14	.34	-.13	.12
Cancellation, speed	.12	.16	.20	.21	.13	.12	.12	.16	.12	.10	.14	..	.25	.20	.15	.13
Figures, speed	.31	.39	.08	..	.21	.15	.35	.27	-.08	-.14	.50	.14	.35	-.14	.71	.30
Tickling rings, speed	.23	.18	.21	..	.24	.22	.22	.12	.13	.24	.20	.25	..	.34	.27	.14
Cancellation, speed	.19	.16	-.04	-.21	.31	.08	.12	.16	.12	.24	.41	.34	-.14	.26	-.34	.30
Figures, speed	.14	.16	.20	.17	.15	.18	.18	.18	.17	.21	.16	.20	.34	..	.20	.14
Tickling rings, speed	.39	.11	.23	.31	.18	.40	.31	.10	.10	-.30	.20	-.13	.71	-.34	.55	-.53
Cancellation, speed	.13	.13	.15	.17	.11	.13	.13	.14	.11	.13	.13	.15	.27	.20	.12	.12
Figures, speed	-.29	.27	..	..	-.22	-.08	.09	.07	.03	.40	-.24	.12	.30	.30	-.53	.70
Tickling rings, speed	.12	.13	..	..	.12	.12	.12	.12	.12	.11	.12	.13	.14	.14	.12	..

TABLE VIII. SPECIFIC CORRELATIONS $\left(\begin{smallmatrix} R \\ S \end{smallmatrix} \begin{smallmatrix} S \\ A \end{smallmatrix} \begin{smallmatrix} S \\ B \end{smallmatrix} \right)$ AMONG ACCURACIES AND SPEEDS — INSANE

		r_{ab} (observed)	r_{ag} r_{bg} (theoretical)	r_{sa} r_{sb} (theoretical)
1. Figures, accuracy	with addition, accuracy	$+.58 \pm .13$	$+.56$	$+.05$
2. " "	" rings, accuracy	$+.26 \pm .13$	$+.19$	$+.12$
3. " "	" cancellation, accuracy	$+.39 \pm .19$	$+.19$	$+.35$
4. Addition, accuracy	" rings, accuracy	$+.14 \pm .13$	$+.16$	$+.03$
5. " "	" cancellation, accuracy	$+.07 \pm .12$	$+.18$	$+.14$
6. Rings, accuracy	" cancellation, accuracy	$+.15 \pm .13$	$+.10$	$+.11$
Average specific correlation between accuracy and accuracy = $+.08$				
7. Figures, speed	with addition, speed	$+.17 \pm .09$	$+.32$	$+.22$
8. " "	" rings, speed	$+.24 \pm .10$	$+.35$	$+.17$
9. " "	" cancellation, speed	$+.13 \pm .09$	$+.22$	$+.12$
10. Addition, speed	" rings, speed	$+.19 \pm .10$	$+.28$	$+.12$
11. " "	" cancellation, speed	$+.13 \pm .09$	$+.17$	$+.08$
12. Rings, speed	" cancellation, speed	$+.30 \pm .08$	$+.19$	$+.14$
Average specific correlation between speed and speed = $+.09$				
13. Figures, accuracy	with addition, speed	$+.51 \pm .10$	$+.40$	$+.22$
14. " "	" rings, speed	$+.33 \pm .10$	$+.45$	$+.24$
15. " "	" cancellation, speed	$+.21 \pm .10$	$+.28$	$+.13$
16. Addition, accuracy	" figures, speed	$+.57 \pm .09$	$+.44$	$+.23$
17. " "	" rings, speed	$+.39 \pm .12$	$+.37$	$+.03$
18. " "	" cancellation, speed	$+.30 \pm .10$	$+.24$	$+.09$
19. Rings, accuracy	" figures, speed	$+.14 \pm .13$	$+.15$	$+.01$
20. " "	" addition, speed	$+.25 \pm .13$	$+.20$	$+.17$
21. " "	" cancellation, speed	$+.13 \pm .14$	$+.08$	$+.05$
22. Cancellation, accuracy	" figures, speed	$+.33 \pm .09$	$+.15$	$+.24$
23. " "	" addition, speed	$+.05 \pm .11$	$+.12$	$+.08$
24. " "	" rings, speed	$+.15 \pm .11$	$+.13$	$+.08$
Average specific correlation between accuracy and speed = $+.05$				

TABLE IX
CORRELATIONS BETWEEN FULLNESS OF DIFFERENT KINDS OF MEMORY

	r_{ab} (observed)	r_{ag} r_{bg} (theoretical)	r_{sa} r_{sb} (theoretical)
1. Test A with test B	$+.76 \pm .11$	$+.24$	$+.70$
2. " A " " C	$+.02 \pm .13$	$+.15$	$-.11$
3. " B " " C	$+.20 \pm .16$	$+.31$	$-.16$

A CRITICISM OF PSYCHOANALYSIS

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CONCERNING the Freudian controversy much misunderstanding exists and the literature shows that the real points at issue are either evaded or misconstrued, and because of this the subject as a problem for solution clouded and made impossible. Can we not outline the matter so as to come to better evaluations? for does not our yes or no only too often refer to quite divergent claims? Besides, it is high time to point out that other forms of mental analysis — not sexuo-analysis — are employed in psychotherapy decidedly effectual, and that the problem is not, as many seem to think, one of either Freudian analysis of a patient's psychopathology or no analysis whatsoever — hence, no understanding of the psychopathy at all.¹

Of the many "parts" to the Freudian theory, not all are condemned, and some are lauded by even its severest critics. Which are condemned and why? Let us try to give some acceptable answer. The "parts" of the theory may be enumerated as follows: The infantile or childhood's *sexual trauma* as cause of hysteria; the pan-sexualism of mental life which makes every trend revert finally to the sexual; the mechanism of *repression* and *displacement*; this repressed material, always sexual,² forming a massive background — sub-ground — of the mind, namely a specially described "*unconscious*"; the discovery of such repressed ideas by a particular method of analysis or translation in which *sexuo-symbolism* is employed; the curing of the neuroses by such *psycho-(sexuo-) analysis*, etc.

¹The advertisements of the books on "Psychoanalysis" and "Dream-analysis," apart from being almost fraudulent in their exaggerations, make it appear that all other methods are "similar to treating the cough or fever, regardless of the causal disease. Psychoanalysis concerns itself with the individual as a personality," etc. (From W. B. Saunders Company's advertisement, for instance.)

²See Hitschmann, "Freud's *Neurosenlehre*," 1911, pp. 55-6.

In a general way it may be said that the critics of these theories have admitted that Freud has contributed much to our science by insisting on the psychogenic in determining the nature of the neuroses and in pointing out the importance of past psychic experiences in their bearing upon etiology, and that his intense and prolonged occupation with the patient gave us a better way of penetrating the mental life than we had used before.¹ They have also pointed to certain "mechanisms" as being possibly of potential value and deserving of deeper study, such as "*Verdrängung*" or the question of the working of "affects" of unconscious or partly conscious elements, etc. (Isserlin), though they at the same time emphasize the fact that these mechanisms have in no way as yet been shown to exist and that the method employed by Freud to prove their existence is scientifically false. The various strictures, however, have either been entirely ignored by the Freudians or answered with irrelevance or purposely misconstrued. This becomes evident when one, for instance, takes up the *sexual* of the Freudians — especially that of the American disciples. In a letter in the *Journal of the A. M. A.*, of March 28, 1914, we are told that Dr. Dercum certainly misunderstands the meaning of sexual manifestations in the Freudian sense. "In this sense it covers a broad and comprehensive field of experience and activity, whether bodily desires or mental longings. It embraces all desires, instincts, wishes, ambitions — like hunger, sex, acquisition, aspiration, the social sense, love, etc. This is a far cry from the narrow, vulgar conception of the term which seems to be understood by the men opposing the Freudian psychology." In the same strain, a writer in the *Medical Record* (Feb. 21, 1914), after quoting Dr. Burr's remark that psychoanalysis "resolves itself into a searching and filthy examination into the past sexual life" of a patient, adds stentoriously, "any physician who entertains such Manichæan views about the sexual is unworthy of his calling and unfit to practice his profession." These reproofs are to be found in nearly every pro-Freudian article published in our American journals. Are they deserved? or is there some misunderstanding here as to who has the "narrow, vulgar" point of view?

¹Janet, however, also advised this.

My common-sense will vouch for the fact that neither Dr. Burr nor Dr. Dercum, nor any other critic of Freud's sexual theory the world over, has ever entertained such unseemly ideas against the sexual itself as these Freudian writers endeavor to make it appear — thus gaining the moral support of the righteous in order to condemn the anti-Freudians outright. The problem is quite different. Every normal-minded physician thinks of the gynecologic in the same colorless way as he does, for instance, of the laryngologic. In taking an anamnesis, the sexual has always been inquired into and considered, even long before Freudism saw the light. Nowhere has it ever been termed filthy or superfluous. Calm and scientific interest has always been taken in the subject, and many books—hundreds of them—written upon it. Krafft-Ebing's famous book, for instance, or that of Forel, or an entire sheaf of such by Havelock Ellis, the books by Moll, Loewenfeld, Rohleder, Kötscher, Ivan Bloch, Fournier, Hegar's "*Der Geschlechtstrieb*," known to every gynecologist, the books of Eulenburg or of Magnus Hirschfeld on perversions, etc., have these over-zealous disciples ever seen any one throw his hands up in shame of them, or heard a word of aspersion cast upon their authors, or discovered that they themselves treated their themes as "filthy"? or has any common-sensed physician ever censured their works as such? And does not the writing of all these books prove that we as physicians hold the sexual instincts, acts, abnormalities and normalities, etc., as of vast importance in the life of an individual? The connotation "filthy," therefore, as occurring to the critic of Freud's sexual theory or such writings as Jung's "Analysis of a four-year-old boy," or such unpardonable perpetrations as we have read in American medical papers on erotics, anal and other, in the Freudian sense, has a distinctly different application. Issue, namely, has been taken, not with the sexual itself, but with *the interpreting*, by Freudists, of quite harmless and colorless ideas occurring in the thoughts and dreams of patients (even children) as sexual, where there was nothing sexual to start with. The sexual is interpreted *into* them. It is pure "*Deuterei*." Only too often it is n't interpretation at all, but the translating by fixed sym-

bols (see note 1, page 270). Nor is it sexual in the gynecologic sense, or let us say medical; no, it is in the terms of such social-associations which we look upon as "shady", improper or repugnant.

Now how does the psychoanalyzer get such meaning out of the data furnished him? He says words don't really signify what they apparently mean; they stand for something else (or may be made to). Hence *symbolism*. Anything that is long or tall or thin, or grows into the air, opens like an umbrella, shoots like a gun, wriggles like a snake — of course it's plain what that stands for; and boxes, cases, closets, stoves (!), carriages (or omnibus! !), tunnels, caves, rings, shells — indeed it's evident what they stand for. In a dream a room always means a woman's room, and if it's several rooms it means a harem or bordel. A covered table means a woman, so I believe does also a wagon and boards (? !). A staircase — that's something to go up (you understand), and a tunnel — you doubtless also fathom the idea. Should one dream of an arm, that belongs to the "long, thin" group. If it's the "*left*" arm it means illegitimate — hence, adultery! Going into any narrow place, or opening locked doors means nibbling at forbidden fruit, etc. And then from the joy of it we suddenly come to our senses and ask, with a 'good gracious me!' "How do you know?" Where has it been only remotely proven? If I dream of being a passenger in a Zeppelin balloon ascension (which dirigible I may have seen the day before), and I feel a trifle scared as we arise (as if we don't often feel scared at the mere waking thought of it), how do you know that dream meant (as Jung said it did) that I was wishing to make a *fortissimo* attempt at coitus, but feared it might only prove *pianissimo*! and because there was also a *very* young girl in the balloon, who, however, had but one tooth,— that was to be taken by opposites and meant an old woman who was to be assayed — in fact (because of the one tooth) my grandmother! Now, *sancta simplicitas*! Shall one call this "intuitive" or "psychoanalytic" or disgusting? Call it "wielding the deep psychology," or what you will, only one asks "How do you know it's so?"

There is n't the minutest exaggeration here. Let me cite a few instances from articles I happen to have before me: "To those acquainted with the language of hysteria, such things frequently mean the opposite" (*N. Y. Med. Jour.*, April 23, 1910). "For those familiar with dream symbolism, her dreaming that the man put his hand in her pocket requires no analysis. The pocket is a frequent dream-symbol for the vagina." In this analysis the girl (whose dream was being interpreted) yearned for her brother "to put *his* hand in *her* pocket." The brother, however, was, so to speak, only second fiddle, for she had craved for the hand of her own father to give her this delight, but he dying, by a transfer of *libido*, the desire fell upon the son, her brother, who was nearest like her father, etc., (*JOURNAL OF ABNORMAL PSYCHOLOGY*, Aug.-Sept., 1911, p. 194-5). For "left" side being the "illegitimate"—always in connection with coitus or similar ecstasy, see *Med. Record*, Dec. 24, 1910. In one of the most ardent dream interpretations (*N. Y. Med. Jour.*, June 14, 1913, p. 1234—a young man (in the dream) raises a round white wooden basket to a girl. The contents were small seeds and white syrup. When the seeds were pressed they produced milky syrup, etc. Now this is the way this Freudist interprets it: "The basket she associated with the vagina, the seeds with chicken ovaries; and the fluid from the seeds meant to her milk from the breast and semen. The man in the dream says, 'here sip.' This meant to her intercourse. In her early childhood she used to play with small girls and they would suck each others clitores. This dream expressed the wish for cunnilingus with her father, the idea of which she had cherished all her life." This might be taken as the high-water mark of sexuo-analytic accomplishment. A half dozen lines further on, this writer who has just given so remarkable an interpretation, says, "It cannot be too strongly emphasized that Freud's conception of the word sexual does not limit itself to the *gross* sexual (the italics are not mine), but embraces a wide scope of psychic manifestations of the sexual life," and this after so abhorrent an "interpretation" as the above. If you look through a dozen articles of these dream seers you will find each one, in spite of his lullabying about Freud's meaning of *sexual*, making out his patient to desire "cunnilingus" from her father, or as wishing to perform fellatio on him, or having her pockets picked, etc. You get the opinion that almost all daughters desire this. (What an orgy such an "evening" at the Psychoanalytic Society must be with all these brethren munching their themes!)

In brief, to Freudian writers the entire language is made up of two groups of symbolic words, half meaning the male, the other the female genitalia. If any words happen to be left over they stand for incest, rape, anus or fecal associations, or the fornicative, generally speaking. Hence

the analyses, if not all, at least the larger majority, are filled with ideas of illicit love, masturbation, actual or desired or dreamed of adultery, incest or fellatio, or Lesbian and abnormal desires and practices. It is not analysis of the patient's actual mental life, it is nine-tenths or ten-tenths of his below-belt thinking! It cannot even be this in the major proportion of cases, for, Shades of the Vestal Virgins, are all the hysterical and obsessed women we see like those "shown up" by these dream interpreters? It is the construing into the patient's words, meanings occurring in the interpreter's mind.¹ "A diagnosis in the Freudian sense," said Streubli of Basel, "is a diagnosis of the mind that made it." Let us add that this applies not to all Freudists, as we shall see in a moment, for a change has come about, and many no longer believe in this pan-sexual phantastery, sexual symbolism, the sexual trauma as *the* cause of hysteria, the anal and penile as the be-all and end-all of our desires, mental association,—in short, our entire earthly existence; but it appears to apply as yet to all the Freudian disciples in America. If these writers state, as so many seem to, that Freud's sexual is not limited to the *gross sexual*, but embraces soul-wide aspirations, they may allude to something in their minds, mayhap, but certainly not to their writings, for these are entirely occupied with the "gross sexual" in its grossest form and with conceptions intensely "*narrow and vulgar*."

I trust this will make it clear — and a premise for any future discussion — that the physician who happens to oppose the Freudian sexual does not in any way condemn, belittle or eschew the sexual as such, but only the sexual *saturation* of the Freudian theories, and this *gross, narrow and vulgar sexual* which Freudian disciples, especially the American, see in, or interpret into, all our thoughts, actions

¹It will be remembered that in recent years the tendency has been to dispense as much as possible with the interrogation of the dreamer, for instance, as to his associated thoughts in connection with the dream, but to use "fixed symbols," hence, narrowing down real analysis and individual probing to the vantage of mere "translating" (see Isserlin *Ergeb. der Neur.*, p. 45, Bd. I, part 1). Even Freud wrote of this ("translating" through fixed symbols) that it will give the most valuable aid just there where the "*Einfälle* (thoughts) of the dreamer are inadequate or become insufficient. See also Hitschmann's book and the severe criticism of just these facts in it by L. W. Weber in the *Deut. Med. Woch.*, No. 33 of 1913, p. 1605.

and desires. I trust also it will give an inkling to the piqued and recalcitrant why Burr, Dercum, myself and others may have chosen certain invirtuous terminology in labeling this matter.

And while still within call of this Freudian *sexual*, let us for a moment touch upon the criticism meted out to *symbolism*. Everything must be "interpreted" in order to get it to mean something else (the meaning looked for, or for the sake of the analysis, hoped for). This says the critic of the theory, is, of course, all subjective. Freud himself wrote that the universal symbols show great lability (*Schwankungen*). Therefore one is never sure whether an element of the dream content is to be taken in its actual or symbolic sense. Yet a certain conclusion must be come to. Let's remember what Isserlin wrote (*Ergeb. der Neurol. & Psych.*, Vol. I, No. 1). "'The interpretation' (*Deutung*) has constantly come more to the foreground in the work of analysis. To-day when the disquisitional search must lead without deviation into this infantile sexual constitution and to the kernal-complex of the infantile incestual, there is no direct way any more to the etiological 'unconscious' . . . only the 'interpretation' can really lay bare the evidence (*Aufdecken*).'" So it's "up to" the analyzer. Now is n't he a poor craftsman if he can't, with such a variegation of symbol-meanings and the elasticity of symbolism itself, make ends meet? Or if this offends the Freudian psyche, by what rule of reason is the subjectivity of the thing, the mental play of the sexuo-analyzer to be kept within "accurate" bounds? In what way can this utterly subjective procedure be made "scientific?" Has it as yet been shown to be a scientific procedure, in even the vaguest, most-remotest way? What we have read thus far in dream-analyses, both in such *Leistungen* as Stekel's abroad, as well as in the papers published in America, shows that one can with greatest ease analyze and fabulize a dream in the *desired* direction and get to really any place you wish — and spin a tale the while,— 'twould put Monk Lewis or Old Bandello to shame.

Of *how* subjective the entire matter must be, the Freudian disciples have themselves shown, for we learn that a schism has occurred in the ranks, and that there are

henceforth to be two cults, the "Vienna School" and the "Zürich School," each sharply separated from the other. (See the report of the *Medicin. Gesellschaft, Basel*, 15, 1, '14).¹ The latter "school" has entirely thrown over the "sexual" ballast and is to interpret symbols differently — non-sexually! Here life interpretations (symbol-translation) will be colored in the twilight of metaphysical abstraction — and here those earnest disciples who have said "Oh fy" to us, may in truth find our entire gamut of desire, from our daub and earthy yearnings unto the ultrast violet of soul-deep aspiration, thrown up as on a screen in lime-illumination. It is here, for instance, announced (by H. Schmid, "*Die neuesten Entwicklungsstadien der Psychoanalyse und Ihre therapeutische Bedeutung*") that the Zürich School no longer shares Freud's views as to the sexuality of the child, and has dismissed the Œdipus and Incest-problems (strings upon which our psychoanalysts have played their chastest songs), and the generally "forced and unfruitfull sexual meaning." They even are to analyze the dream differently: "*Während Freud in den Träumen nur 'verdrängte,' meist unerlaubte Wünsche sieht, fassen wir schroff diese Wünsche als Symbole für volitionale Tendenzen auf.*" But there are many other changes noted that can't be gone into here, and we are told that the sexual childhood's trauma has long since — since years — been given up by Freud himself. Schmid even writes, "The trauma theory could not be maintained as more and more cases constantly became known, in which the trauma admitted by the patient as a real fact proved later to be phantasie." (Think of this admission from a Freudian himself!) That Jung has given up the sexual-etiological trauma we have for some time been aware. We also know that Frank has molded the theories to his own point of view, which disclaims symbolism, "*Deutung*," the "*durchgängig sexuellen Determinierung*," the infantile sexual, etc. It is with some surprise, however, that we hear Bleuler, the only really important adherent of Freud, saying (*Jahresversammlung des Deutschen Vereins für Psychiatrie*).² "The sexual theory is all in all insufficiently founded,

¹*Deut. Med. Woch.* March 5, 1914.

²See report in *Deut. Med. Woch.* June 19, 1913.

though details of it are correct," etc., (See note 2, page 276).

Let us therefore from now on remember that even a large contingent of the Freudians — the most important contingent, namely, the Swiss,—has given up this pan-sexualism, and that we therefore seem to have a right to challenge this gross, narrow and vulgar sexual, rampant in all the articles published on the subject in America; a right to challenge these disciples to bring some proof of the thing if they wish themselves listened to, and that one is justified (and "fit to practice his profession," etc., in spite of it) in acknowledging just a little nausea at this incest theme which runs like a fugue throughout the writings of all these Freudian enthusiasts.

There is another "mechanism" concerning which much misunderstanding exists, namely, regarding the Freudian *subconscious*. This word for most of us echoes with such strange witchery that it is difficult in its presence to keep one's equanimity. To understand hysteria, and much else, we have been told one must get into the subconscious of the patient — and if you cannot get into this subconscious you are not, of course, as masterful as such psychotherapists who can. And as for the Freudist, it is the very atmosphere he breathes. Now criticism has intimated that there probably was no such subconsciousness at all, and that no psychologist believes in it. The Freudian counter-criticism has been, on the one hand, that all the psychologists do believe in such a subconscious, and on the other hand that Freud knows no subconscious, but an "unconscious"—an unconscious which is the very key to his psychology. How can we simplify this tangle?

In the first place, many of our Freudists use the terms subconscious and unconscious indiscriminately,¹ not being quite sure which is which or whether there is a difference; some use the term subconscious, but point out that this is Freud's "unconscious"² (this is correct); while one will also

¹See, for instance, citations, p. 421-2, *Med. Record*, Sept. 6, 1913; see also *Med. Record*, Dec. 24, 1910, p. 1134; *Med. Record*, March 1, 1913; *N. Y. State Jour. of Med.*, April, 1914, p. 203, etc.

²*Wisconsin Med. Jour.*, May, 1913. See, also, in the article on "The Conception of the Subconscious," by B. Hart in "Subconscious Phenomena," p. 102. Badger, Boston, 1910.

find the word "subconscious" applied to phenomena, for instance, neither sub- nor unconscious in Freud's sense.¹

The term "unconscious," as used by Freud does not mean the "unconscious" as used by the psychologists, meaning, namely, that state in which there is no psychic correlate in which the psychical phenomenon has not been awakened. This is the state during deep sleep, or in a faint or during narcosis, etc. The great deposits of memory not active in the stream of consciousness at the time, the "latent memories" which *residuums* are physiological (the psychic correlate occurring only when the cells become activated,—hence, "conscious") — the psychologist also speaks of as "unconscious."² What, generally speaking, is termed *sub-conscious* in psychology is on the other hand covered by Freud's "unconscious." This latter is a specialized, particularized subconscious, conceived by Freud. It is something new, strikingly interesting — and *apart*, and Freud himself tells us³ that it is a differentiation which others have not yet made.

Now let us for a moment turn to the old familiar "sub-conscious" itself in which we have said the psychologists do not believe. It is a knavish word, this, under whose cloak more ignorance has been hid than even under the convenient mantle of "grippe," or the more recent "auto-intoxication!" A glance through the published papers of our Freudists will show in what capricious cacaphonics its mysteries are sung.⁴ But our Freudists do not err entirely alone in this. It is astounding what one reads of it in the medical magazines, in the medically informing books for the layman and in the lay press. It becomes a sub-cellar into which aught of the mental may be shoved or whence anything may be hauled forth on emergency. It is the Circe known of old, the Aphrodisiac in Isolde's draught, the demon within us who does in spite of our control, who shames us with his actions in our dreams, or plays the double when our ego's

¹For instance, *Med. Record*, Vol. 79, No. 26

²See the author's paper on "Hypnosis, its Psychological Interpretation, etc.," *Internat. Clinic*, Vol. IV. Twentieth series.

³"*Traumdeutung*," 3d edition. Leipzig, 1911, pp. 409-10.

⁴See citations in my former article, "The Psychoanalytic Delusion," *Med. Record*, Sept. 6, 1913.

split! Indeed, just as for some writers, we are transcended by subliminal phenomena, spiritistic in essence (compared with which the mere work-a-day self is forsooth but poor stuff), so again for others our conscious self tarries not alone in its skully abode, but has for neighbor a lower order of tenant who *on a floor below* lives a life after his own fashion and desires,—imprudent, incautious or often lawless and shameless (to the *us* of upstairs), intruding with noises, vulgar thoughts or feelings (never very respectable!), a nether-fellow, all in all, “raising the roof” at times, and throwing *us* into confusion.

Now it was against this “floor-below-activity” kind of subconscious that Wundt long ago entered the lists, calling it nothing else but “*Scheinerklärung*,” an atavistic remnant of the old ideas of being “possessed,” which were used to explain supposedly unnatural phenomena in the early days of our race. Since then such continental psychologists and psychiatrists as Schrenk-Notzing, Ziehen, Binswanger, Kræpelin, Ribot, Bechterew, Vogt, Störring, Ranschburg, etc., took the same stand. Here in America our psychologists have all, to my knowledge, placed themselves on the same side (Catell, Woodworth, Ladd, Münsterberg, Jastrow, Watson, etc.). And it is of this type of subconsciousness that Freud’s “unconscious” consists—a metaphysically conceived realm to which certain happenings in consciousness are relegated by conflict and repression—and put under cover, as it were, to safeguard the conscious life,—unable to return, there living individual existences, unknown to consciousness (save maybe in masquerade—and we are not speaking figuratively), making it hot enough for the individual—who is unconscious of them! Conscious, yet unconscious!?

Isserlin has characterized this conception of Freud as “a dissolving of the personality into a series of timeless, anthropomorphically conceived unconscious essences or beings who lastingly control the Marionette play of the conscious.”¹ Recently Hoche has also commented on it,² saying, “Upon the dark stage of the unconscious this teaching (of Freud) can, of course, let anything whatsoever occur. There live the idea groups which have been repressed out of the clarity of consciousness, the complexes, which lead an uncontrolled existence, detached from re-

¹*Ergeb. der Neurol. u. Psych.* Bd. 1, 1911, p. 65.

²*Archiv. f. Psychiatrie u. Neur.*, 1913. Bd. 51, p. 1057.

maining consciousness — the 'special-souls' (*Sonderseelen*), the 'subordinate souls.'” And Wundt spoke of it as a kind of occultism resembling the nature philosophy of Schelling's School at the beginning of the last century.¹

It might be remembered, for clearness sake, that in the theories as held by the Vienna School, this subconscious realm is made up of the repressed and displaced ideas (memories), and such are always sexual. Subconsciousness therefore (or “unconsciousness,” to use Freud's word) is composed of the suppressed sexual. We have then in Freud's *unconscious*, to recapitulate, a metapsychological or mythopsychological subconscious, a conception remarkably interesting, but a vague hypothesis nevertheless, nowhere accepted by psychologists,² built upon as yet undemonstrated fundamentals — and far removed from the path of factual science.

If the sexualism of these theories, then, is all phantasie, even now dismissed by a large faction of the Freudists themselves, if this “unconscious,” the supposed keystone of the entire teachings remains as yet within the purview of mere metaphysics, if sexuo-symbolism, by which one ferries on into this sub-mental, has so far been shown to be no less mythical than those shades of old across the Styx (now even paled to “thin air” by the Zürich apostasy), must we not stop to think for a moment that the present method of psychoanalysis which travels the above path of procedure has been sorely invalidated, not only by judicious criticism, but by the startling deflection of a large body of Freudists themselves, and that its present appraisal in America must be due to some deception or strangely active phenomenon of suggestion?

I say in America, for in Europe the most important

¹“*Hypnotismus und Suggestion*,” Leipzig, 1911, p. 24.

²It is rather surprising to find even Bleuler at the *Jahresversammlung des Deutschen Vereins für Psychiatrie* at Breslau in May, 1913 (I quote from a report in the *Deut. Med. Woch.*, June, 1913) saying: “The general structure of the Freudian psychology is false; a number of fragments of the same are valuable additions to our knowledge. . . . The sexual theorie is, all in all, insufficiently founded, though details of it are correct, etc. The importance of the dream as a guard (or warder — *Hüter*) of sleep is unproven.” With no “oracular arrogance,” but guardedly, Bleuler says, “All in all, psychoanalysis represents an experiment out of which one may often infer correctly certain definite psychic processes. With its help, healing may often be attained, etc.”

authorities have written against these theories, while scarcely a paper by any reputable man has appeared in the chief journals in their behalf. With us but a very few articles have been directed against the theories, while those in favor are being published by scores. These latter are being written chiefly by men of limited experience, and are of such low scientific calibre (in *most* absolutely no attempt is made at more than the mere statement of cases) that surely on no other subject in medicine would they be accepted for publication. Were a man to make a bold statement as to a new method of cure in carcinoma, sharp criticism would be applied to his work and his announcement; but the American Freudist may publish the very quintessence of inanity and it is accepted without challenge or comment. Here, for instance, is the advertisement sent out broadcast in connection with the publication of the English translation of Freud's "*Traumdeutung*:"

"The main facts of 'The Interpretation of Dreams' have never been refuted. The insight which this method of dream-analysis gives us into the past of the individual, and of the race reveals the deeps of human nature in a way that is already revolutionizing our views on ethics, sociology, art, literature and philosophy. The central idea of the book, that all dreams are the fulfilment of past and present wishes, enables us to reconstruct the psychic life of the individual from infancy. The development of our personality from what it might have been at our unprejudiced birth to what it still aspires to become, the whole genesis of the abnormal psyche, all can now be unlocked by this open sesame of dreams.

The most immediate practical application of the Freudian dream-analysis has been the study of the nervous and mental diseases. Here the book has led to a revolution in the science and methods of psychotherapeutics. In it he develops his psycho-analytic technique, a thorough knowledge of which is absolutely indispensable for every worker in this field. It was Freud who divested the dream of its mystery and solved its riddles!" etc.

Think of a statement of such glaring scientific falsehood as this being circulated by mail to hundreds of physicians, without the slightest protest being raised! But everywhere in the journals (medical and neurological) and at academy meetings have we been treated with the same flimflam and fustian as if the stuff were virtuous, and in a tone as

assuring as if the majority and the important physicians stamped it with approval and complied.

In what ways then does the Freudist make his strong appeal? Apparently chiefly in two: the one is to publish cases concerning which the unqualified statement is made that such patients have been cured by the psychoanalytic method when all other methods failed; the other is to assume that the opponents can know nothing of the results, not having tried the methods, or if they have, could of course get no similar results, knowing nothing of the method.

It is astonishing what an appeal this first assumption makes on the average physician. And yet just what does it prove? Has one not heard of a hundred cases of long-standing disease cured by *persuasion* which nothing else had ever helped? Or of the hundreds made whole by *hypnosis* after they had been wandering the medicinal path for years, seeking solace? Or of the still vaster numbers "given up by all the doctors, — the greatest among them," — which Christian Science mended? And don't you think the Emmanuelists, Osteopaths, Chiropractics, Dieto-hydropaths, Vegetarians, Fletcherists, etc., all have their array of cases, too, cured, *though nothing else had helped before*?¹ In short, such a statement signifies nothing save that the physician in question was not keen to his own powers of suggestion.

The second assumption is even more startling, yet it too is gulped down by physician and layman. It is the shield behind which the Freudian saves himself. One finds it in constant use. Only recently in a paper² filled with misconstructions and veritably stammering with incompetence, a disciple, beside again assuring us that the repressed sexual "is the Alpha and Omega of the new theory of the psychoneuroses," states that the opponents of the theory are "ignorant of" and "know no touch of the subject," "are incompetent and unable to judge," etc.

Now why should Kræpelin, Ziehen, Hoche, Isserlin, Aschaffenburg, etc., men trained in psychology and psychiatry, men whose studies in association-psychology and in psychopathology (to say nothing of their neurological work) are familiar to every student in these fields, some of whose studies have become "classical" and the fundamentals for

¹To say nothing of the magnetizers, tractators, religious "shepherds" and others who for centuries cured just those very cases which legitimate methods had failed to heal.

²*Medical Record*, Feb. 21, 1914.

subsequent work — why should these painstaking investigators be “ignorant of” and “know no touch of the subject?” Why should they be “incompetent and unable to judge?” Why should it be that “they have not mastered the theory,” these real masters of psychology and psychopathology! — that they should not be able to comprehend and apprehend what these remarkable members of the Psychoanalytic Society have mastered with ease — some of them writing *ex cathedra* on the subject directly they were weaned to it — these wondrous wielders of the Deep Psychology, with their vast experience (whence derived?) and their profound learning in soul-analysis (whence acquired; — all from the reading of Freudian literature?) Or again, when Oppenheim or Isserlin say they have tried psychoanalysis on cases, or Hoche declares he endeavored to analyze his own dreams according to the Freudian mechanism, etc., why should these inimitable savants deem it untrue and tell us these men can know nothing about it, that they are too prejudiced to fathom its abstruseness, while they, however, being of the elect, could with such ease grasp its “rational” and immerse themselves, as with one leap, in its omnipotence! Neither von Roentgen’s discovery, nor that of the Curies nor Marconi’s have been proclaimed and pageanted in such “Tyrian purple,” such imperious robes of pompous inflation, as these theories (with absolutely no regard to the criticisms held out on every side), nor with such constant acclamation by little voices shouting loud and shrill of the ignorance of the non-initiated and the deep psychic discernment of themselves, — that Freudian discernment which is to enlighten and unravel the sexuo-megalic mix-up of our miserably straight-laced, “hypocritical” and “falsely modest” world.

And yet our criticism has shown and pronounced the several links in the process of psychoanalysis scientifically of falsest alloy,¹ and we must hold the entire sexual theory with its many ramifications as standing upon about as highly colored and *evident* ground as the green-cheese hypothesis regarding our much-maligned old moon.

Let us, pray, have some carefully and scientifically worked-out studies given to us — not “statements” erron-

¹See also Isserlin’s criticisms, *Zeit. f. d. Ges. Neurol. u. Psych.*, 1910, Vol. I. *Ergeb. des. Neurol. und Psych. I. c.*, also A. Hoche’s recent paper, *Arch. and Psych. u. Neur.*, 1913. Bd. 51. p. 1056, 1057; also Kraepelin’s *Lehrbuch*, 8th edition, Vol. III, p. 9391; also the *Med. Record*, Sept. 6, 1913.

cously called "studies" which go on without the slightest attempt to substantiate the principles employed. Let us have some wholesome and conservative investigation of such mechanisms as *Verdrängung*, of the carrying over of "affect" experienced in association with an incident, upon concepts not originally associated with such "affect" (Hellpach makes an attempt at it¹—trying to explain this mechanism without Freud's aid of the "unconscious"). Or again let us see to what degree personality may be laid bare by judicious anamnestic probing, "*anamnestic analysis*," I have called it to differentiate it from the sexuo-analysis of the Freudians, incorrectly termed psychoanalysis. This is a type of inquiry always essayed to some extent by psychiatrists and neurologists, but now more carefully and thoroughly undertaken because of the renewed interest in the psyche and the psychic—a probing without the use of symbolism or interpretation or translation. Let the psychoanalyst in such a procedure show how much of the past makes up mind-tendencies of the present, to what degree past "affects" can produce negative influence in the present, to what degree the sexual (as found—not interpreted) plays a part, whether the incident causing such "affects" can drop out of memory, be forgot, and the "affect" still live on (Ranschburg, for instance, one of the foremost authorities on memory studies to-day, denies that it can), how symptoms may be explained without symbolism (for surely even the Freudist will admit that some *can*, by suggestion, for instance, and imitation), or if he needs his symbolism, first give some adequate proof of it, or show how it may be scientifically employed. To think himself among the chosen, and the rest of mankind numskulls is scarcely the manner for a young disciple of a new theory to deport himself. . . . Yet many of these writers keep peradventuring in column after column, without an iota of evidence for the facts stated save brazen assurance.

A little cautious and sane exploitation along the lines suggested above, with hands firm upon the brakes, will do more to further neurological science and the millennium than soaring on inflated statements and being stridulously vocal.

¹Hellpach's "*Psychologie der Hysterie*," p. 401, *et seq.*

PRESIDENTIAL ADDRESS BEFORE THE AMERICAN PSYCHOPATHOLOGICAL ASSOCIATION

Albany, N. Y., May 6, 1914

BY ALFRED REGINALD ALLEN, M.D. (PHILADELPHIA, PA.)

WHEN I contemplate the membership of this most active association, when I realize the progressive character and the amount of the work which has appeared in the few short years of its life, an abashment I fain would repress forces its way into my consciousness and I confess inwardly and to you that I am not worthy of the honor you conferred upon me when you made me your president.

Therefore in opening this, the fifth annual meeting of the American Psychopathological Association, I bow to you, my betters, and with feelings of gratitude and admiration I say: — may I learn much.

A retrospect of the work of the past year in psychopathology in the United States and Canada would, I am sure, make clear the fact that the vast proportion of what I may term dynamic psychopathology has come from members of this association. An analysis of this material would be instructive and interesting but hardly the best use of what I promise you will be a short time.

Of all the interesting episodes in psychopathology of recent occurrence, I think I am safe in saying that none is of more interest to us, nor is any likely to have a more far-reaching affect, than the Freud-Jung controversy. This great parting of the ways strikes many varying chords, depending on the attitude of the man giving it attention. There are unbending ultra-partizans of both sides, to whom the follower of the opposite faction is a hissing and reproach. There are many who have received the teaching of the Vienna school with respectful attention and, who, although not able to subscribe to all the tenets, yet have found much food for thought and no small amount of help therefrom. This class divides naturally into those who view the dispute as a calamity, to whom the veil of the temple is rent in twain; and into those who see in the *internecine mêlée* the

potential for a reconstruction, in which only the tried and proved masonry would find lasting place in a fabric which should the better withstand the storm and waves of unreason, and in the end prove that it be not built upon the sand. Lastly, there are many of the type of the Merry Andrew, who have already hailed the rift with delight as a productive field for what they doubtless consider true wit. These and their vapid criticisms need detain only those with petrified sense of humor. Their opinions have the distinction of being likened to the "crackling of thorns" in a certain classic.

It is my purpose to refer to a few of the chief points at issue between these two schools of thought, and to try to see whether the greatest and most fundamental ideas have been abandoned by either one.

The point of contention which I shall first mention is the question of the sexual theory and infantile sexuality. Abraham, it seems to me, has made a good point (*Internat. Zeitschrift für ärztliche Psychoanalyse*, page 72, January, 1914) in his criticism of Jung's identification of sexuality with the instinct of species preservation, when he says, "*Trieb der Arterhaltung nichts ist als eine teleologische Fiktion.*" His idea is that because all phenomena of developing sexuality are links in a chain which ultimately leads to the sexual act and through this to child-birth, the essence of species preservation, this is no reason for arguing that this preservation is the final terminus and that all along the line the various phenomena have been motivated with this one end in view. He rather takes the position that child-bearing is altogether a by-phenomenon, which of course incidentally preserves the species, but that the motive from earliest inception to development is one of "*Lustgewinnung.*"

Jung departs somewhat from the concept of Freud concerning the act of sucking at the breast, and makes the statement that sucking is not sexual pleasure but nourishment pleasure. It seems to me that here Jung has been quite as dogmatic as has Freud. If there have been one characteristic in the teaching of the Vienna school which has struck the average man as incongruous, it is a tendency to state a theory as a proven fact. This is often apparent

in writings dealing with the interpretation of dreams where the manifest content is stated, and immediately after the latent content given without any connecting link to show how the interpretation was reached. Many of the opponents of Freud have the idea that there is a certain formula by which the psychoanalysts think they are able to check off the symbolisms of the manifest content. Unfortunately, in the work of some men this reproach is not altogether without reason. Likewise, in the explanation of the objective by-phenomena of sucking when proof is requested as to the sexual content of this act, one is asked to accept an argument which to my way of thinking carries but little weight.

Now, in regard to this act of sucking at the breast, why is it necessary to determine a prototype to which all infants must measure? What valid reason can be advanced against the plea for individuality in the infant! Surely none at this day contends that psychic complexes are all the result of synthesis, on the part of the child, of exogenous factors, and that the different pictures spring from an identical psychic level.

I take it the brief may be defended that there are true, infantile, erogenous zones; that the delimitations are as varied as the physical characteristics; that there is a process of what may well be termed convergence; and finally, that the rate of this process may vary greatly.

Freud's concept as to sexual pleasure in the act of sucking presents no obstacles to hinder acceptance if it be advanced as possibility rather than dogma. But on the other hand, to speak of the pleasure of nutrition seems to me a poor way of indicating a simple biological fact, to wit: the relief due to the temporary suspension of the chemical stimuli caused by hunger, which stimuli are of a painful character in the adult, and are surely no less pleasant in the infant where metabolic activity is more pronounced.

Yet who can affirm that there be no admixture of sexual pleasure due to *co-existent* erogenous zone stimulation? I admit that to me the sight of the baby at the end of the sucking act presenting a relaxed, satisfied picture and tending to sleep is a weak argument on which to support a

theory of sexuality of the act of sucking. The dog-breeder has possibly observed a much more pertinent and interesting phenomenon while watching a litter of puppies suckling. A puppy at times will not only make use of the purely utilitarian thrusting forward of the head, which movement accelerates the flow of milk, but occasionally a most stereotyped and correct pelvic action will be demonstrated, which is an exact replica of the movement of copulation.

Now, in this relation it becomes evident that there is far from being harmony among those interested in psychoanalysis as to the breadth of the term *sexual* when applied to early child life. Jung's intimation that there are those who mean by the term sexuality "the fully developed function" may be true concerning the laity, but hardly can obtain among psychologists. But following this thought Jung does not make himself at all clear to me as to exactly how he means to interpret the term. I am perfectly willing to admit that this lack of appreciation is due to a short-coming on my part, an explanation which I regret to say is heard frequently from members of the psychoanalytic movement, when one does not understand their point of view. But I am at a loss to see how it is possible for Jung to say first that "*. . . der wichtige Trieb der Arterhaltung schon in frühester Jugend keimend sich zu entfalten beginnt, . . .*" from the context clearly indicating sexuality, and then to follow this in the next paragraph with the statement: "*. . . solle man die andeutenden und vorbereitenden Phänomene der infantilen Zeit lieber nicht als sexuelle bezeichnen.*"

At the meeting of the association last year there was a statement made in the discussion of one of the papers, which statement was evidently removed from the report of the transactions, as I fail to find it in the printed report in the JOURNAL OF ABNORMAL PSYCHOLOGY. This statement was actuated by some interpretation of the term sexuality, and was to the effect that when used in the sense of Freud it was in no sense divorced from a gross and animal significance, but was the same concept one would get if he asked the first man in the street what he understood by the term. I do not see how any one holding this meaning of the word could other than reject the teaching of the Vienna school

concerning the psychology of infancy. But I do not think there are many who accept such an interpretation.

In the early development of the human embryo it has been abundantly proven that physically ontogeny reproduces phylogeny. We find in early stages an organ, let us say the kidney, represented in part by the mesonephros. There is no mesonephros in the new-born baby, but on the other hand a well-differentiated kidney. Nevertheless, this mesonephros was the anlage of a part of the kidney, was the true representative of part of the kidney, and because of the latter differentiation into kidney there is no possible right to deny to it its identity in the scheme of nature. Moreover, when we look at some of the lower forms of life we find this mesonephros not a transition product but an end result with the function of an organ of elimination.

Now, for mesonephros read *an elementary, non-differentiated feeling of pleasure* from some stimulation; for kidney read *the sharp-cut, well-developed libido of the adult*,— and here I am willing to be as specific as can be and state that I refer to the psycho-physical gratification of sexual desire by the sexual act. In other words there is no adequate reason for rejecting the proposition that psychically ontogeny reproduces phylogeny. Only let it be understood that this is a theorem after which we cannot as yet write *quod erat demonstrandum*. Also understand that in the contemplation of the physical phenomena above, we have dealt with embryonic life, but in regard to the psychic phenomena, the development I have indicated — the differentiation from the elementary anlage to the end product — I assume to take place altogether after birth.

Jung approaches the libido theory from the polymorphic perverse sexuality of infants. In this regard his likening of the changes in the quality of sexuality, from the heterologous to homologous, for instance, to the transformation of one type of energy to another is ingenious. But if he mean to infer that the psychology of Freud precludes such a concept, and to liken the Freud concept to the pre-Mayer stage of physics, I hardly think he has been fair to Freud. It seems to me that Jung's objection to Freud's concept of libido arises largely from an unwillingness to accept a broad

meaning for the term sexuality. On this point I realize that the Vienna school itself is not altogether in unison. Taking a narrow meaning of the term sexuality I can well see Jung's objection. But accepting, as above, that sexuality is of broad significance, is elementary and non-differentiated, I see no incongruity in the concept libido as held by Freud, nor is it apparent that this concept clashes with Jung's ideas, except in so far as Jung advances the time of life for the manifestations of libido. In other words, the difference is rather quantitative than qualitative.

Jung makes this latter point clear in his classification of the three phases of life, in the first stage of which,—“*vorsexuelle Stufe*,” he speaks of the libido of nutrition and pictures its “*Wanderung*” (march), by which he means its passage from the nutritional to the sexual realm. But in this connection it becomes evident that the difference between the schools is one chiefly of definition, particularly when it comes to the discussion of infantile perversity.

The rather patronizing air which Jung adopts in dealing with Freud's following what he, Jung, considers a false way in the traumatic theory is really not worth while mentioning, except that it is unfortunately calculated to stir up bitter feeling.

Jung's method of dealing with the unconscious seems to be more of an exposé of the reasons why the opponents take issue with the psychoanalytic school rather than an attempt to portray a mental state. His analogy of the bridge builder might almost be taken to indicate that the uninformed had no business requiring any demonstration or explanation simply because the psychoanalyst had pronounced things to be so ordered. This is rather after the order of *καὶ ὁ λόγος ἦν πρὸς τὸν θεόν, καὶ θεὸς ἦν ὁ λόγος* and if followed to its logical conclusion would lead us to the dictum that no one who was not following the practice of psychoanalysis had any right to expect to understand its *rationale*. This attitude is at times taken by psychoanalysts who are pressed for explanations of certain phenomena, and it never fails to make an unfortunate impression.

Jung accentuates the idea of regression of the libido

to an extent that the part played by fixation is well nigh eclipsed. Now, the concept regression as well as fixation is quite indigenous to the school of Freud, and, therefore, as there is no fundamental mechanism questioned by either Jung or Freud it would seem that there should not here be any insuperable obstacle to common ground discussion, even though the points of view are somewhat different.

If I understand Jung's position he places emphasis on the episode of the moment and pictures the libido as flying back to some psychic or physical episode of earlier life, but not of so early date as that which Freud designates richest in polymorphous sexual material.

It is in relation to this subject that Jung uses the expression "*Die Libido . . . wurde nicht anerkannt*," thereby causing Abraham much indignation, who says, "*Jung scheint den Terminus 'Verdrängung' gefliessentlich zu vermeiden.*" Let us suppose that for some reason Jung does object to and side-step the term *Verdrängung*. If he does prefer the expression "*die Libido wurde nicht anerkannt*," is there of necessity any denial of the psychic mechanism so fundamental to the teaching of the Vienna school? Does not the lack of *Anerkennung* of libido postulate conflict, which in turn postulates an inhibiting psychic force? And if this be so is not the difference more one of terminology and not psychological concept?

Another point which does not in the least affect the main issue is Jung's disinclination to accept the infantile sexual phenomena as perversities. He says, "*Der frühere kindliche Zustand aber ist eine normale Anwendungsweise der libido, während das zurückkehren der Libido auf die infantilen Wege etwas abnormes ist. Ich bin daher der Ansicht, dass Freud nicht berichtet sei, die infantilen sexual Erscheinungen als pervers zu bezeichnen, indem eine normale Erscheinung nicht mit Terminus der Pathologie bezeichnet werden darf.*"

This is of academic interest only, and can be freely admitted or contested, and still no change in anything but definition involved.

And right here it were well to quote from Schiller's work on "Humanism," where he deals with definitions:

"The difficulty, moreover, of defining adequately is

indefinitely increased when we have to deal with subjects of which our knowledge, or their nature, is rapidly developing, so that our definitions grow obsolete almost as fast as they are made. . . . And so it is the duty of those who labor at such subjects to avail themselves of every opportunity of explaining what they mean, to begin with, and never to weary of redefining their conceptions when the growth of knowledge has enlarged them, even though they may be aware that however assiduously they perform this duty, they will not escape misconception, nor, probably, misrepresentation."

Now, after all the turmoil of wordy conflict is over, what will still remain to the Vienna and Zürich schools in common?

In answering this question we must use definitive terms, and thereby at once throw ourselves open to opposition from the truculent. But let him who objects to this term or to that, substitute his own. He may change a term, but cannot change truth. The psychological fact of polymorphic sexual content in the infant is just as vital a truth if called by one name as by another. Our interest centers on the fact being realized.

With this understanding we can safely affirm that there is common point of view, with a healthy quantitative difference of opinion, in infantile polymorphic sexual content, in fixation, in regression. Use what terminology you will, the mechanisms of *Verdrängung*, censor action, conflict, resistance, compromise, conversion and transference are still acknowledged as fundamentally correct, though the emphasis in certain questions may vary with different investigators.

The interpretation of dreams, word-association and free-association, are means to an end. They will, it is to be hoped, be subject to a healthy evolution and, like surgical instruments, be constantly improved, which means changed.

In his concluding paragraph Jung says: "*Es war mein Bestreben, gewisse von den Freudschen Hypothesen abweichende Ansichten nicht als kontradiktorische Behauptungen aufzustellen, sondern als organische Weiterentwicklung der von Freud in die Wissenschaft eingeführten Grundgedanken darzustellen.*"

I do not see how one can take issue with this spirit.

do not see how a quiet, orderly controversy between Jung and Freud, on disputed points, can do otherwise than

advance our knowledge of psychopathology. I do not see that anything Jung has said calls for the savage and contumelious criticism meted out by Abraham or Furtmüller.

We in this association represent many divergent points of view. This in itself means potential for tremendous development if we take advantage of it as scientists with a common interest should. But when it comes to bigoted acrimony and the striving to overwhelm by brute force rather than reason, let us leave that sorry picture to the church in the middle-ages where it rightly belongs.

REVIEWS

BACKWARD AND FEEBLE-MINDED CHILDREN. A CLINICAL STUDY IN THE PSYCHOLOGY OF DEFECTIVES WITH A SYLLABUS FOR THE CLINICAL EXAMINATION AND TESTING OF CHILDREN. *Edmund Burke Huey*. Baltimore, Warwick and York, Inc., 1912. Pp. xii, 221.

A SYLLABUS FOR THE CLINICAL EXAMINATION OF CHILDREN. *Edmund Burke Huey*. Baltimore, Warwick and York, Inc., 1912. Pp. xii, 221.

The book is, as its sub-title states, "Clinical Studies in the Psychology of Defectives." It is divided into seven chapters of which one is devoted to the general Introduction, one to Classification and Terminology and two to Clinical Studies of Border Cases. These studies are selected from one hundred forty cases examined by Dr. Huey according to the Binet-Simon tests out of the one hundred forty-seven received at the Lincoln (Illinois) State Home from November 17, 1909, to November 16, 1910. Thirty-seven clinical cases are given with thirty-two portraits. The cases are written up very clearly. The mental age, retardation, school performances, industrial accomplishments and disposition give the reader a good mental picture of each case — even without the portraits. The book will be especially interesting to teachers and from it the medical profession and laity will get a better idea of the high-grade feeble-minded than is usually supplied by the text-books. One only regrets that Dr. Huey could not have spent a longer time in his studies and included a wider range of cases in the large population of the Lincoln Home, though, if only one group were to be selected for intensive study and only a few months could be devoted to them, no group is more interesting than the morons. The work done with them so far by all investigators of mental defect is but the preparation for a hoped-for better understanding of that still smaller group of young people, of about normal intellectual capacity and without psychosis, that seem to make failures in life. This book will give the laity a better conception of the problem.

The title, it seems to the writer, is rather unfortunate in that it suggests a general treatise on the subject of backward and feeble-minded children instead of a small sub-group, although the sub-title correctly defines its scope.

The "Clinical Study" was the first fruit in book form of the realization of the long-desired plan of placing an investigator upon

the staff of our public institutions for the feeble-minded and epileptics, who could devote himself to pure scientific investigation, unencumbered by executive duties — the ever-present handicap of the most enthusiastic superintendent and staff member. The work deserves a good circulation.

The "Syllabus" has been worked out in connection with the author's work of examining feeble-minded children at the Lincoln (Illinois) Institution. By it the data is classified under four heads. (a) Home Record; (b) Teacher's or Attendant's Record; (c) Physical Examination; (d) Mental Examination. The author has also provided a set of separate leaflet forms, as follows: 1. Home Record and Personal History; 2. School Report; 3. Binet-Simon Tests for Intelligence; 4. A Point Scale of Tests for Intelligence (with directions for giving and scoring the tests), and 5. A card for indexing and clinical reference. These blanks form quite a complete set and are well adapted to the examination of school children, though the *questionnaire* for the medical examination does not appear on the leaflet blanks. One is provided in the "Syllabus."

A. C. ROGERS.

CHARAKTER UND NERVOSITÄT. *Jenö Kollarits*. Berlin, Verlag von Julius Springer. 1912. Pp. ix, 244.

THE work embodies a series of ten lectures on the meaning of character, and on the nature, the development and prophylaxis of nervousness.

The central thought around which the author develops his lectures is the notion that nervousness *per se* is not a morbid state, but is, to a certain extent, a normal, inherited trait characteristic of complex organisms. When it depasses certain limits nervousness becomes a heredo-anomaly, without, however, implying necessarily any heredo-degeneration of character.

Since the author starts with the premise that nervousness is an integral part of human character as determined philogenetically, he found it necessary to consider at length the subject of character formation in general. At the outset it may be stated that between character trait and physical property this author sees only a quantitative difference, unmindful of the burden of proof that, in the psychic world, at least, every change in magnitude implies some qualitative difference as well.

Starting "at the bottom" of the order of things in nature, the author finds many points of similarity between the character

traits of organic life and the characteristic properties by which the various inorganic substances, such as metals, are distinguished from each other. Following this process of reasoning leads him to conclude that "character in general is a physico-chemical property, while the character of man and nervousness are inherited physico-chemical properties of the nervous system."

In the first introductory lecture, we learn that normal and abnormal phenomena of life are conditioned by two sets of factors: specific and non-specific; the former endogenous, the latter exogenous. The exogenous or external factors consist of anything in the world to which some influence upon the mind of man may be ascribed. The specific or internal factors are teratological, their study is a matter of nerve tissue chemistry. Nervousness is a heightened condition of that irritability which, from the lowest scale on, forms one of the fundamental characteristics of life. Man, standing as it were at the apex of the pyramid of life, possesses also the highest degree of irritability, hence nervousness.

Taking as his point of departure the proposition that life is a physico-chemical reaction he must maintain that consciousness is wholly epiphenomenal. The field of psychology thus becomes reducible to the limits of a chapter in physics and bio-chemistry. The latter are the two sciences in which the author finds his inspiration for "psychologizing." Professor Le Dantec, accordingly, is his prophet, and the highest source of his inspiration.

He states and reiterates in numerous ways that "the understanding of all life phenomena must be derived from the physico-chemical laws" (p. 45). This is the burden, very largely of the author's lectures. All mental processes in man, he thinks, are just so many "*Reflex-Taxisbewegungen*," and each reflex, like Cæsar's Gaul, *in partes tres divisa est*:

A. Reception and transmission of stimulus.

B. Elaboration of stimulus and determination of proper response to it.

C. The accomplishment of the response through appropriate movements.

Chemical processes are responsible for every stage alike. Could anything be more simple?

Of course there are numerous lacunæ in our knowledge of just how chemical processes may bring about such a highly complicated act as "elaboration of stimuli and determination of proper response," but physicists and chemists are arduously at work, and some day, this author assures us, we will be furnished the exact chemical formulæ and equivalents of thought processes.

One would think that at the very threshold of mental ac-

tivities, in the phenomena of attention, the physico-chemical school of psychologists would encounter an insurmountable stumbling-block, but no difficulty discourages our author. On the contrary he has the courage of carrying his viewpoint to any extreme required by the exigencies of its logic, and thus asserts that "*ein gewisser Grad von Elementar-Aufmerksamkeit*" may "*auch im anorganischen Leben beobachtet werden*" (p. 52). Here are examples for the edification of the sceptical: "Some raw substance, may, for instance, select and absorb¹ some of the rays of light that fall upon it and reject others. Plants and some animals turn to light; other animals obey gravity. All must, in accordance with their inner structure, obey those stimuli for which they are sensitive, for which they possess attention (*für die sie Aufmerksamkeit besitzen*)" (p. 52). This sort of reasoning leads to the following generalization: "Inasmuch as this sensitiveness is a physico-chemical property, attention must also have a physico-chemical basis."

Here the author's expression is weaker than his thought. What he really means, what he is clearly anxious to prove throughout his book, as seen by the context on every page, is that "physico-chemical" and "psychical" form two well-balanced and perfectly equivalent halves of a chemical equation, in which, however, the former swallows the latter every time.

In this "elaboration of the obvious" (provided the premises be granted) it would be hardly profitable to follow the author any further.

J. S. VAN TESLAAR.

AUS DEM SEELENLEBEN DES KINDES — EINE PSYCHOANALYTISCHE STUDIE. Dr. H. Von Hug-Hellmuth. Deuticke, Leipzig und Wein, 1913.

Although psychological literature is rich in works on the psychic life of the child none of them touch upon the sexual factors, which are as important in childhood as in adult life. The child is considered an asexual being no matter what sexual manifestations it may show. This attitude is mostly due to the narrow conception of sexuality, which is usually looked upon in the light of procreation. But if one considers all the components of the sexual impulse as they are observed in the nursery the conception of sexuality becomes broad and corresponds to the one described by Freud. It is in the light of this broad conception that the author studied the psychic development of the child.

In his "Three Contributions to the Sexual Theory," Freud

¹*Verschlingen*, "swallow," is, more correctly, the author's term,—such is the anthropomorphic imagery of some of our "physico-chemical" interpreters of mind.

based most of his conclusions concerning the infantile sexuality on the material obtained from the analysis of symptoms and dreams of adults, only some of his deductions were drawn directly from observation of children. These results were later corroborated by the case of the "Kleiner Hans," and by many other scattered reports. The author makes use of all this material, of a rich material from her own experience, as well as of the works of Preyer, Shinn, Scupin, Stern, Sully, and others. She distinguishes three periods of childhood: the period of nursing, of playing, and of learning. The age of nursing consists of pleasant and unpleasant reactions referring to the functions of nutrition, bodily care, and the successions of sleeping and waking. The last few months of the first year form the first part of the second period, the age of playing, in which the child makes play and toys of everything. This period begins with the end of the first year and lasts until the child enters school. It forms the most significant epoch in the life of the child. Only these two periods are discussed in this volume.

The nursing period is characterized by the fact that the developing sensory functions put themselves at the disposal of the emotional life. The skin and muscular sense show a distinct relation to erotic pleasure at a very early age. This accounts for the fact that skin and muscular eroticism represent the most primitive forms of sexual feelings. The author quotes Compayré as saying that "the first feelings of pleasure originate through the continuous exercise of the sensory organs and the gratification of the organic needs." All exercise of muscle sense causes the infant pleasure. Illuminating discussions on thumbsucking and its influence on the erotic life of the future, on exhibitionism and on all other primitive components of sex, are then taken up. Her assertions are confirmed by many quotations from the authors mentioned above.

An extremely interesting chapter is the one on the first manifestations of the will. "The will in the child is motion." Although the child cannot make use of words to express its will it nevertheless makes it known through crying, screaming, grasping, feeling, and kicking. The infantile will is self-will in the narrowest sense of the word; whatever runs counter to it is perceived by the child as an unpleasant restriction of the freedom of his little person. The first manifestations of the infantile will are nothing but negations of, or resistances to, the will of the environments. These resistances are retained in forms of spite long after the positive side of the will appears. This early dumb opposition of the child's will is confirmed by the observation of all investigators of child life, who assert that children use the word "no"

long before the word "yes." As early as during the first year the child must perform such an enormous work of suppression of will and of resignation that it often merges into fits of anger. To avoid many psychic evils and to facilitate education the author counsels a loving attitude toward the first manifestations of the infantile will, instead of the customary suppression exercised from purely egotistic motives. She warns against the exaggerated care and love usually bestowed upon the first-born and the only child, where every wish is gratified, thus making the child the tyrant of the house, and against the neglect and lack of love so often felt by late and unwelcome arrivals in large families. In both cases the results are pernicious for the future. The third chapter deals with the first signs of the development of reason. The first manifestations of reason are at the service of the primitive impulses of the human mind, that is, they are at the service of hunger and love in the broadest sense of the word. The whole chapter is an excellent psychological study of infantile mental development, with special references to the impulses of curiosity and imitation. The fourth, fifth and sixth chapters are devoted respectively to the beginning of language, the development of the ethical feelings, and to dreams; all of them contain many valuable and instructive ideas.

The second part of the book is devoted to the period of playing. It contains nine chapters, which deal with the body and its functions in the service of playing, the development of reason, memory, phantasy, understanding, language, emotional life, art in the life of the child, and dreams. It is impossible to do justice to this book in any review. Those who are able should read the original. It is hoped that this work will soon be translated into English. The author collected a mass of very instructive and very interesting facts which not only throw light on child psychology, but also explain what was hitherto consciously or unconsciously ignored by the other authors. As a psychanalyst of no mean ability, and as a woman, she fearlessly examined the budding sexuality of the human child, and thus fills the gap left by other observers in this field. Her deductions corroborate Freud's theories as expressed in the "Three Contributions to the Sexual Theory."

A. A. BRILL.

THE JOURNAL OF ABNORMAL PSYCHOLOGY

A PSYCHOLOGICAL FEATURE OF THE PRECIPITATING CAUSES IN THE PSYCHOSES AND ITS RELATION TO ART¹

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AT the center point of the psychoanalytic theory stands the symbol. As Ferenczi has pointed out, this term has a distinct meaning for the psychoanalyst that it has not necessarily for the layman. For instance, a painter may choose a certain color to represent a given virtue or quality in his pictures. To him and to those who study his works, this color means always the same quality. It can be translated readily from the painting into words, which will then express the artist's meaning as clearly as does his picture. This is not a symbol in the sense of the analyst. To him a symbol is an equivalent for something to the unconscious mind only, to the consciousness it represents only itself. In the unconscious mind are cravings which cannot be satisfied in actuality, because they offend the moral or social sense of the individual, or often because they are longings which are of their very nature insatiable. What satisfaction they do gain is symbolic. These desires have been driven to the unconscious by repression from the conscious, as the ethical feeling of the individual has grown in power. They cannot, or do not, seem to die, and form, apparently, a great storehouse of mental energy. Against such a force as theirs no repression is competent as a destroying force (and, indeed, if it were, the springs of life would be cut off at their source); but an equilibrium is established through symbolic gratification. The personality is conscious only of an innocent habit, occupation, or past-time; the unconscious, however, enjoys their latent mean-

¹Read before the American Psychopathological Association, May 6, 1914.

This paper is the first of a series on the psychology of the benign psychoses, the work being done in collaboration with Professor Hoch. The bulk of the material used in these studies was furnished by older Institute cases, which, for the most part, have been observed with great care by Dr. Kirby. I therefore wish to express my indebtedness to him.

ing, and this gratification is what causes their attractiveness to the individual. When these so-called sublimations — that is, outlets which are socially useful, are not sufficient, gratification is obtained pathologically, and instead of a pursuit or a hobby a man has some neurotic or psychotic symptom.

It is evident that there are, then, these three essential features of the symbol: first, that it has a definite latent meaning discernible to the unconscious; secondly, that this latent meaning is repugnant to the main personality, and thirdly, that the symbol is regarded consciously as perfectly innocent. It is this last aspect with which we have now to deal. The main personality of every moral and civilized being is constantly on guard against over-indulgence of the unconscious yearnings. The watch is too strict (with practically all persons) for any direct temptation to be followed. But if the temptation comes in a symbolic way, there may be, particularly with unstable individuals, a surging up of the unconscious cravings. But the wolf must come in sheep's clothing. The armor of consciousness must be pierced.

In attempting recently to analyze the precipitating causes of the functional psychoses, we have been struck by the frequency in which an incident apparently innocuous from a moral standpoint has been the occasion of a mental breakdown where the utterances of the patient have shown an outcropping of infantile, *i. e.*, unconscious tendencies. The inner meaning of these precipitating causes has been determined or presumed as follows: We know that with great frequency the content of a psychosis represents a reaction to the precipitating cause. In this way, therefore, we can often see the hidden meaning of the precipitating factor — the patient, in a sense, explains it himself. Again, there are certain symbols which repeat themselves so often that, where patients are not accessible for a complete psychoanalysis, we can take their meaning for granted, for the sake of theoretic study. When these occur as precipitating causes, we assume that the latent content of the symbol is responsible for the upset, and proceed to verify that assumption by examination of the utterances in the psychosis. Perhaps

the most fruitful method of study that we have in many cases is the application of the reactions of everyday life to the study of the psychology of the insane, for the moods and thoughts of the sane individual are to those of the insane as the miniature is to the caricature.

It must be remembered in the formulation of the cases that follow that we are dealing only with theories. The human mind is too elusive to have its workings subject to absolute rules; nor may we expect to "prove" theories, as in the physical sciences. The best we can hope for is that a formulation we make for a group of cases may be found pretty generally applicable — as I hope this may prove to be.

CASE 1. V. C. The patient is an Italian who has lived most of his life in America, following the trade of barber with efficiency. At the time of the outbreak of his psychosis he was thirty-three years old, and had been married happily for eleven years. He was given to occasional fits of moodiness, however, never cared for intercourse, but showed no other abnormalities. Toward the end of December, 1912, he had an acute attack of mastoiditis which required immediate operation in a hospital. He returned home after two weeks, but was weakened and, the mastoid continuing to pain him, he had to have it reopened six weeks later. The wound drained for five months in all. During this time, bothered by the pain and noises in his head, which developed soon after the operation, he became nervous and more and more anxious. During the month of May, his anxiety became so intense that he slept little, and spent most of his time pacing up and down the house. He became steadily weaker, and in the middle of June, 1913, went to Bellevue Hospital. The first night there his temperature was taken rectally. Immediately he feared that this was done to kill him or to keep him sick, and the next day when his wife came to see him, his attitude had changed, he then accusing her of unfaithfulness to him and having conspired with her lover to put him away. He was sent to Manhattan State Hospital where for two weeks he kept talking about his wife's unfaithfulness and for four months had an interminable number of accusations, constantly changing, about various men who had done things to him which had caused

his ear trouble. During this period he was constantly depressed, whining and almost continually agitated and often fearful. At times there was some feeling of unreality. Then during the next few weeks his mood became rapidly normal and all his delusions disappeared, leaving him normal and happy.

In this case we have a striking, almost a startling, phenomenon. A patient suffering from a severe anxiety neurosis (possibly an anxiety psychosis) has for the first time in his life the experience of a man putting something into his rectum. Almost instantaneously his clinical picture is changed from that of anxiety to an agitated depression with paranoid ideas. All cases that have been analyzed of paranoia with delusion of unfaithfulness of the conjugal mate have shown a strong unconscious homosexual tendency. That this man had not indulged in the practice of sodomy is highly probable, but it does not seem difficult to imagine that the thermometer incident was sufficient in his unstable mental state to act as a homosexual wish-fulfilment. The availability of the thermometer as a symbol is apparent; the most prurient could not consciously regard the use of a clinical instrument as a moral insult.

CASE 2. The next case is not so plain on the surface. A young unmarried man of an extremely depressive make-up suddenly developed a manic attack at the age of nineteen under these circumstances: He was courting a girl with favorable effect, but feeling gloomy over his financial prospects, as he had no sufficient income to support her, should they be married. One day he heard of the death of his maternal grandmother, who had been supported by his father for some years. He was apparently unmoved, but an hour or so later, while at the home of his fiancée, suddenly became greatly excited, announced that he was going to get all Rockefeller's money, marry his loved one, have numerous automobiles, etc., and open a legal advice bureau. (His father is a lawyer, but the patient had never studied law.) He had to be committed, and spent some months in an insane hospital, where the substance and core of his talk was of his wealth and power, embellished and variegated, of course, to true manic taste. A short analysis revealed the inner mean-

ing of the death of his grandmother. When a small boy — as far back as his memory went — he visited at his grandmother's home in the country on the outskirts of New York, which to his childish mind represented the height of comfort and wealth. Presumably he had then a yearning to possess the place (probably in its turn a cloak for a still deeper-lying wish) and repressed it. At all events he retained up to and during manhood the ambition to have a country house. When asked to give the details of this house of his dream, it was found that they were all of them features of his grandmother's home, which he admitted when confronted with the resemblance, but had never before recognized. While still a boy the house had been sold, and the city spread out and engulfed the land around it, and his grandmother had become dependent on his father. Logically, consciously, there was no possibility of inheritance of a country estate on the demise of his grandparent. But the unconscious persists with the simple logic of that age when its wishes are formed. The greater size of the country home over his father's small city residence stood for greater wealth; as the hero of the fairytale has only to kill the possessor to own the castle, so once his grandparent was gone, the ancestral halls were his. His lifelong ambition was fulfilled and so illogically as to elude his consciousness. Naturally he was elated.

The understanding of the next group of cases demands a knowledge of sexual development, according to psychoanalytic theory. Freud claims that the same longing and relief, which are distinctive of adult sexual act, are represented by the craving and satisfaction of the infant at the mother's breast. Certainly it soon transfers the physical act to parts of its own body, such as the thumb or big toe; it also finds that the irritation of certain parts of its body are capable of giving it similar delight. Freud regards all these practices as being the infantile equivalents for onanism, and terms this stage the auto-erotic, since the only object the infant has is its own body. Soon the child seeks outlet for its love outside of itself, and turns to those who have charge of him, particularly to his parents and of these, preëminently the object of passion is the one of the opposite

sex. The gradually acquired ethical feeling represses the idea of direct expression of these tendencies of the unconscious. Around puberty various developments occur that have to do with the establishment of the primacy of the genital zones and the turning to normal sexual objects. In seeking the object the individual goes first through a stage where he is himself the object; then from himself to those built like him — homosexuality — and thence to the final stage — heterosexuality. It must be borne in mind, of course, that it is not meant that these stages represent types of overt sexual acts, but only the dominant type of sex craving at each particular stage.

Now, with such a complex development there is always a possibility of there being fixation at some stage, in fact, we all retain traces of our earlier tendencies. There are two factors which account for these fixations: the first is a hereditary inelasticity (possibly the more important factor in the psychoses); the second, environmental influence (which may be more important in the neuroses). As life goes on, the demands on the individual corresponding to his age can be met fully only by those who have succeeded in avoiding all serious fixation. In the most hasty study of precipitating causes — in dementia præcox, for example, — the onset of the psychosis is readily seen to have been determined by an attempt at establishment of adult sexual relations. In many of the other cases a more careful study reveals the fact that the upsetting factor was a disguised form of the same conflict between the adult and infantile desires.

But even when adult relations have been established — when marriage is attained, for instance, the unconscious still yearns to return to earlier attachments. When, therefore, anything occurs which tends to strengthen the bond, or, the reverse, when an event suggests the loosening of that bond, the unconscious rebels, as it were, against the domination of the main personality, and a psychosis results. The utterances during this abnormal state betray the desire first to break away from the bond, or second, to return to the first love, or both.

With this preamble the significance of the following

cases may, I hope, be clear. An important precipitating cause in the first three cases was the birth of a child. To a wife this means a greater dependence on the husband and the most powerful of all external bonds to him. Is the puerperal psychosis, therefore, a surprise? (I must state here, of course, that in this paper I am not attempting to exhaust the etiological factors of these psychoses. Some puerperal cases, for instance, are to a considerable degree dependent on the physical condition of the mother. But that has nothing to do with the mechanism of the psychic response to a psychic stimulus.) These women are not, of course, conscious of their resistance to their husbands. In cases where there is recognized antagonism that we have had the opportunity of studying, psychoses of this sort do not occur. It is the birth of the child, that added load, which suggests to the ever-ready unconscious the burden already borne.

CASE 3. R. G., aged twenty-three at the time of her first attack, is a woman of normal make-up but over-passionate sexually. During her first pregnancy her husband came to America, leaving her in Europe. When the child was born she became depressed for two or three months with ideas of inferiority and jealousy: her husband had deserted her and had another woman. When three months pregnant with her second child, she felt like teasing her husband about other women, but had no puerperal psychosis. After the third child was born, however, she became depressed again with the same trend of her husband's unfaithfulness. Nine months later, after her cousin's child had been stolen by the blackhand in her neighborhood, she developed an anxiety state during which she talked much of the blackhand stealing her children and also doing something to her husband. Following the anxiety she had a manic attack, when the same ideas were uttered. After her fourth and fifth childbirths she had simple depressions.

This woman then expressed her resistance to marriage by a depression after four out of five childbirths. The anxiety state followed by a manic episode was an evidence of the same shrinking away from the marital yoke. The deeds of the blackhand kidnappers suggested the loss of

her own children, as the fear of her anxiety state showed, and this unconscious wish-fulfilment slipped past the barriers of consciousness. Had any direct danger threatened them, she would probably have defended them with her very life, but a temptation of this kind was too subtle for her to grasp consciously.

CASE 4. H. T. A woman of normal make-up except for hot temper; was married at twenty-one, and had two children without any marked mental disturbance. After the birth of the third, she never felt well, and six months later she became hyper-religious, felt sad, thought she was going to die and longed to go back to the old country, where her father was living. Then after two months of this mild depression, she one day heard some children sing part of a hymn, "Come, let us go." Although she knew the children, she immediately thought angels had put this into their minds. She seized her baby, ran out of the house, exclaiming that she was going to the old country to see her father, and had to be committed. In the hospital she soon became reduced in activity, inattentive, uninterested in her surroundings, whimpered and was depressed. She felt she had killed somebody (her husband? or her baby?), saw a baby with wings, and when asked if she were married said, "I *was* married." After passing into a mildly hypomanic, and another depressed phase, she recovered.

Here again childbirth, suggesting an added bond, produced a mild depressive reaction, which was precipitated into a serious depression by an apparently trivial incident. The wily unconscious distorted the words of the hymn into a divine command; the command was an infantile wish-fulfilment, and in the psychosis we see that she starts to join her father, has killed "somebody," a baby has turned into an angel, and her marriage is a thing of the past.

CASE 5. C. W. A woman of normal make-up but of bad family history, was married at twenty-three, and is said to have got on well with her husband, although she masturbated during her first year of marriage. She went through her first childbirth experience without mental trouble apparently, but after the second, when she was twenty-five, she had a depression lasting six months. She

cried, was unable to perform her duties, and was reduced in activity. She spoke of being a bad woman, and told her husband that a man had tried to have intercourse with her before marriage. (Both expressions, of course, of her wish to be faithless to the marriage bond.) During her thirtieth year she had two abortions performed. It is important to note that there then resulted no psychotic manifestations. They were wish-fulfilments, of course, but could be met by the patient's consciousness; she had definite acts to feel guilty about and confessed to the priest seven months later. This, too, produced no real mental disturbance, but three weeks later some burglars broke into a church near by. With churches she evidently associated weddings; and her own, of course, judging by what immediately happened. She became very much frightened, would not stay at home because, as she said, the burglars would come again and kill somebody in the house. Retrospectively she said that she feared somebody would take her honor away, and thought that the robbers had stolen her wedding dress. "Then," she added, "I thought I would run away and lead a bad life. I did not want to bring disgrace on the family, however." She was committed and in the hospital was depressed, blaming herself for the abortions. Next she passed for six weeks into a stupor-like state, when she spoke much of death (which psychoanalysts regard as a frequent symbol for eternal union with the parents): "I am going to die. I am going to be put into a hole." She also spoke of the electric chair: "Can't you save me from the electric chair and give me to my husband?" "Make me true to him, don't let him die — I have confessed to the wrong man the shame of my life." For seven months following she was depressed, inactive, sometimes perplexed, during which state she remarked, "My children will be cut up." For another month she was natural, then had a depression with trivial content, and when menstruation set in became manic for ten days and then recovered entirely.

This case is an exquisite example of the different reactions which follow incidents that represent infantile wish-fulfilments. She met the abortions with no abnormal reaction, because she had consciously undertaken them and

could grasp the idea of their iniquity. The burglar alarm meant to her consciousness only burglars, and so the latent content (disloyalty to her marriage vows) pierced the bulwarks of consciousness and allowed an outlet to the unconscious.

For an understanding of the next two cases we must turn to a reaction of everyday life. When one has committed some crime, or has other cause for feeling guilty, a sudden accusation of any sort, thought it be perfectly false, will cause one to expose his guiltiness. This reaction is used, I believe, by police to extort confessions. Now, all who work psychoanalytically with psychotic patients are convinced that if there is one feature common to all the psychotically disposed, it is the tendency for the unconscious wish to come to expression. If, now, such an individual be accused falsely, his mind may work somewhat as follows: "I am regarded as guilty. But I did not commit the act mentioned; but still I am guilty. Of what? Of these ceaseless, wicked desires surely." And then these unconscious wishes come to the surface.

CASE 6. M. R. A girl of rather seclusive make-up had her first breakdown at fourteen, when menstruation was established. (This is a common cause of psychoses, particularly in those with great difficulty in sexual adaptation. It is the first suggestion of the new demands, which may lead to marriage.) She was afraid she would be left back in school; the girls called her stupid, and she fretted over it, cried much, was depressed and inactive for two months. During the next two years she spoke occasionally of a Jew who teased her. At sixteen she was working in a factory, and the forewoman over her blamed her for an error unjustly. She became melancholy, fearful, said the girls were suspecting her of stealing; the Jews wanted to put a job up on her, were going to crucify her, and were coming in at night stealing things. When the priest came, she thought he was a Jew. The girls thought she was pregnant, was ruined, and she thought that people on the street were talking about her. For six weeks she sat about as if in thought, and had to be urged to do anything; then she suddenly recovered.

Psychoanalysts can easily see the infantile roots of these delusions, but I cannot discuss them here.

CASE 7. E. H. The patient lost her mother when two and one-half years old, and was brought up by a step-mother, whom she disliked. Her make-up was apparently normal. She was married at sixteen, and is said to have been happy in her new relations. When she gave birth to her first child, however, she became, for six weeks, blue, and acted in a silly way; she would become irritated at trifles, among others, at the baby's crying (an abrogation of her maternal affection). Three years later she had a miscarriage, and for some days felt, naturally, weak. About this time her sister-in-law's baby died, and she became anxious about her own child. (Fear is regarded as the conscious expression of the unconscious wish. In other words, there was an underlying wish that her baby, too, should die, which we shall see repeated.) Six months later she had a quarrel with her stepmother, who accused her of having stolen things from her father's house. The patient turned white, seemed much affected, and slept badly that night. She became at once abnormal, dazed, inattentive to duties, and wept much. She said she felt drowsy, that her memory was going, and that it was an effort to speak; things in her home were not her own; she was bad, should not have been married, and they were pouring kerosene over her child. She had a fear of being arrested; claimed that she was being poisoned, and that there were bugs in her bed. When removed to the hospital she was perplexed, talked much of stealing and being a bad woman: "I have been in a bad house." She denied her married name and said her marriage was a mistake. After becoming a little expansive and talkative, she recovered with insight.

Here, again, we have the usual expression of denial of marriage, unfaithfulness to it, and the destruction of the bond tying her to her husband, and all started by an accusation of a totally different character. I may here remark that as far as we have had the opportunity of studying such cases, the justified accusation or rebuke does not seem to be followed by this depressive reaction.

The cases so far quoted have all been benign psychoses. But our principle holds true, I think, with a great many cases of dementia præcox as well. These individuals who suffer permanently are, of course, the ones least adapted to adult sex demands and, therefore, it is not surprising that the majority of them are unmarried or have broken down soon or immediately after marriage. Probably the commonest single cause of the outbreak of serious symptoms with the dementia præcox patients is a love affair. This is such a common occurrence and the sequence of events is so well known to every psychiatrist that I need not cite special cases, but merely mention certain features that would seem to indicate that these love affairs are often merely suggestive of adult sexuality and not equivalent to them in the consciousness of the patient. It must be remembered that the typical præcox make-up is largely an expression of shrinking away from sexuality; they are almost always shy with the opposite sex, and their minds are "pure." They do not think of sexual subjects. To such people a friendship with those of the other sex is really "platonic;" they are not conscious of the sexual trend beneath, but unconsciously they are. In other words, the love affair at the beginning is always only suggestive of sex. This is, of course, true in normal life as well, for the majority of decent-living young men and women do not think of and often are quite unconscious of the sex craving which prompts them when they fall in love. And it is just these incipient affairs which prove so disastrous for those who are ill adapted. Any psychiatrist can recall numerous instances of these pitifully weak love affairs, the passing courtesy or trifling favor that is interpreted as an evidence of courtship. Sometimes it takes the appearance of a supposed rival to suggest to these individuals that they are in love. I can think of two examples, one a man, another a woman, where a casual friendship was exaggerated into an affair of passion with a resultant psychosis, on the friend evincing an interest in another of the patient's sex. Again it requires teasing to exaggerate mere acquaintance into love. Sometimes the most trivial incident during the course of acquaintanceship will mark its end as such; for instance, I recollect the case

of a young man who developed paranoid ideas when a girl accidentally put her hand on his leg — a striking example of the power of the suggestive. I do not claim, of course, that these are the only precipitating causes in dementia præcox, nor that they often can succeed in weathering more than an incipient passion. My claims are that a very frequent precipitating cause of dementia præcox is the early stage of a love affair, which in its nature is more of a suggestive than an actual sexual situation, and secondly, that by his very make-up, his shrinking from the adult sexual adaptation, he is less able consciously to realize the basis of love and that, therefore, erotic situations are for him more suggestive than for the normal individual.

But is this principle such a new thing? Does it apply only to the psychoses and the mentally weak? Before psychoanalysis came into being, a number of psychiatrists had noted the similarity of dreams to insanity, and have stated it as plainly as Radestock:¹ “Insanity, an abnormal phenomenon of disease, is to be regarded as an enhancement of the periodically recurring normal dream states.” If we turn to analysis of dreams, we find that this theory of the mechanism of precipitating causes has been tacitly recognized there. It is universally known that in the dream a large part of the imagery presented is a reflection of what has been experienced the day before, the “dream day,” as it is called. But deeper analysis shows that each image is a symbolic representation of some unconscious wish. We must, therefore, assume that a given experience, like its dream counterpart, was symbolic or had symbolic potentiality; it, too, had a latent content; it stimulated some deep-lying complex which then gained expression during sleep, that time when the normal mind operates as does that of the insane individual. The analogy to the situation in the psychoses is, therefore, complete. *The dream day experience is the precipitating cause of the dream.*

I shall quote as an example but one dream, which is peculiarly applicable, as it shows how independent the latent content is of both its stimulus and manifest form. This dream was produced on the seventh day of the analy-

¹ Quoted by Freud in “Traumdeutung”; translated by Brill.

sis of a woman suffering from morbid anxiety. From the very beginning a strong "transference" to the physician was evident from her dreams, which had been readily understood by her as an expression of confidence, reliance and gratitude. Then came, as soon as the analysis began to touch her vitality, the opposite feelings of hate and distrust, that came to consciousness during associations as an expression of the fear that the analyzer would abuse his privilege as physician, a feeling that he was exposing her life history for his own gratification, that he was "outraging her innocence." These ideas came relentlessly to expression, and for several days were regularly accompanied by harrowing attacks of anxiety that interfered temporarily with analysis. The underlying wish for erotic satisfaction — an idea repugnant and foreign to her conscious personality — remained unconscious, however, till she read in the newspaper about some deal that J. P. Morgan had put through by unfair means, she thought. The following night she had this dream, which I give as she presented it to me:

"This dream is really too vague to tell. *I feel it has changed its form at least three times before I finally got it into my mind.* This is it: There was a financial deal to be put through. Several people were going to do it, but at the last they were afraid, and Morgan went in alone and managed the thing. An element of indignation and scorn on Morgan's part. *Before the dream changed to Morgan, it was something about the wheat pit, with a feeling that I was connected with it. Before that, it was something about myself.*" The associations showed, with multiple overdetermination, that Morgan represented the physician who scorned her "virtue," and who abused his medical privilege to seduce her. The scorn was, of course, in turn a projection of her hatred of the analysis consciously, and, unconsciously, her opposition to seduction.

Now, how did this dream come into being? Reading of the financial operations of Morgan, who "betrayed a confidence," touched off the unconscious wish to be betrayed. She said that while waking she had the feeling that she must record the dream, and knew that it concerned herself; but

while thinking of it, it turned like the Old Man of the Sea, into the dream of the wheat pit, with which she was somehow identified. To the wheat pit she associated directly the "lambs" who are ruined, and her own innocence. Already there is here the staging of the financial world, but the wish was not sufficiently distorted to be acceptable to the waking consciousness, so again it underwent a complete metamorphosis and became the final Morgan dream. The loathsome caterpillar had changed into the butterfly and she was a witness of the change. This process of modification, which takes place on waking, is what Freud terms "secondary elaboration," and such an embryology of the dream makes one wonder what a riotous indulgence the unconscious may not have during deepest sleep before the remembered dream is fully symbolized. This example demonstrates, then, how the latent content of the dream day experience (regarding it as a symbol) may be reproduced in a dream, but the experience itself not appear till the dream has been politely, symbolically cloaked by secondary elaboration.

I may add that this analysis put an end to the anxiety attacks occurring when associations led to the physician. The wish having reached consciousness could be faced.

It has been shown how a reaction of normal life may aid in the analysis of a psychosis, but the reverse is much more widely true, and I wish to show how this principle of the symbol penetrating the conscious to strike the unconscious is of highest importance in our daily life. When this event takes place in a normal individual, he feels happy, depressed, is filled with loathing or rage — he knows not why, and his friends are powerless to explain why the trivial has stirred him. But, as we have seen, the insane individual lays bare his soul in the psychosis, if we will but look. The symbol is presented to him, and in his delusion he explains what the inner meaning of that symbol is. The key to the illogical, or the incomprehensible reactions of the normal man is, therefore, the highly exaggerated reaction of the psychotic.

But it is of only one application of this principle that I wish to speak. I refer to art, including literature, paint-

ing and sculpture, and possibly music (though of the psychology of the last we know little). There are three characteristics of art which, I think, this theory will explain. They are: first, that it stirs us, moves us to joy, sorrow, pity, rage, and, as a rule, the more elusive the exact source of our feeling is, the greater is that emotion; second, art has grown from crudity to refinement *pari passu*, as the race has developed from barbarism to civilization. This holds true of the individual as well, for the more cultured be the man, the greater is his insistence on the "perfection" of the art, which he is to enjoy. This premises, as sure as "art is long and time is fleeting," that from the beginning art has been making the same appeal in different or more complete disguises. Third, at the times of their most brilliant efforts, all artists, no matter what their medium of expression is, are quite unconscious of the source of their inspiration. The plot of the story, the imagery of the poet, the expression in the picture come from somewhere, as it were, outside of the producer, who feels often compelled to write or draw, as by an outside power. Stevenson has expressed this well in his "Chapter on Dreams," when he tells how independent his plots are of his own volition, how some of them he can trace to his dreams, and in general ascribes all that is good in his writings to some other self. "The whole of my published fiction should be the single-handed product of some Brownie, some familiar, some unseen collaborator, whom I keep locked in a back garret, while I get all the praise and he but a share (which I cannot prevent him from getting) of the pudding."

These three characteristics can be explained, I hope, by the theory constructed above for precipitating causes in the psychoses.

First, however, I must enumerate several principles, with which, I think, all will agree.

All who are at all introspective have probably realized that stories, dramas, and to a considerable extent, graphic and plastic productions are real and vital to them in proportion as they are able to project themselves into the situation represented. This is best seen in the playhouse when the gallery hiss the villain and cheer the hero of a

melodrama, but is no less true of the tears of the cultured society woman when some pathetic scene is rendered. She has no sympathy for the actors; she may not know even the name of the dramatist, but she sees or feels herself in the heart-rending action before her. Who has not felt a personal triumph when John Ridd has defeated his enemies and won the hand of Lorna Doone? Who has not felt himself hurt when the hero meets with a mishap or his lady scorns him? Who has not endowed himself with the cunning of Jack the Giant Killer, or the strength of Hercules? This, then, is one of the ways in which art appeals to us, when we are conscious of why we are stirred. Is it not probable that when we are unconsciously moved, that we impersonate the hero unconsciously?

Now, everyone who projects himself in this way into an imaginary situation, loses to that extent his rigorous sense of reality which is the characteristic of the normal, sane individual. Were one so thoroughly to project himself as to be convinced that he was himself Jack the Giant Killer or Hercules, he would be for the moment insane — that is, if he be an adult. But we know, even from superficial, hasty observation of children, that they go through a stage when reality has very little meaning for them, the doll is a baby, the line of blocks is a train, and so on. This is the type of thinking that Bleuler has so aptly termed “autistic thought,” and is the common feature of the psychology of children, the insane, and the artist (to some extent). Moreover, it is in early childhood that symbols come into being, the symbol and that for which it stands being for the child equivalents. Projection is, therefore, not merely originally and essentially an infantile trick of the mind, but it is also in most intimate association with symbol formation, both being dependent on an insufficient sense of reality. The adult who projects himself into the character of a story is, accordingly, indulging in what is really an infantile trick, though it be more or less of a conscious reaction. Would it be surprising if symbols or symbolic presentation, whose roots are in infancy, should cause him to project himself unconsciously, that is, to project himself with that part of his mind that is infantile?

I think all will agree that we should expect that the greater emotions should be called forth by stimulation of the profoundest of our instincts. Yet art seems to offer a contradiction to this proposition. We are not stirred by Hamlet because his life is in jeopardy; the story of Ophelia could be omitted and Hamlet still be the Prince of Denmark. Few of the millions, if any, of those who have been drawn to gaze on the face of La Gioconda have been conscious of feeling anything akin to earthly passion. On the other hand, the students of comparative art and its history can trace much of the highest in our art back to what was, and is, sensual; then, as civilization advances, sensuousness adds to man's delight to the loss of sensuality until, finally, we find men for whom bodily indulgence has reached a minimum, and who, apparently, derive their pleasure from following activities, hobbies and social undertakings, that seem to bear no relation to the appetite of the flesh. Have men changed suddenly, after a painful conversion of primal instincts to what we can see is a disguised form of the same, to abandon these lusts absolutely? Is it not more likely that they still are swayed by the same passions under more perfect disguises? If this be so, these desires can be no longer conscious; if unconscious, no appeal to the conscious will rouse them. May not a secret of art be that it makes an unconscious appeal? If so, by what mental mechanism is this accomplished?

We have seen how the mentally unstable are often able to meet situations that come to them directly, but that they are caught unaware when there is a possible deeper meaning suggested by the occurrence. This principle of suggestiveness is, of course, a part of our daily lives, and is familiar to every lay and professional psychologist. Men have found that an indirect is often a more telling mode of expression than the direct. The innuendo is more bitter than the open insult, because it cannot be answered logically except on the surface content. When the petulant Marie Antoinette made some ridiculous demand and the minister replied, "If it is possible, it is already done; if impossible, it shall be done!" he administered an unanswerable reproof. Had he said curtly, "It is impossible,"

his words would have had no effect, because the queen would have regarded the retort as mere rudeness. Our civilization is largely built on our repression of our physical lusts, and we have therefore learned to repel direct appeals to our sensuality with disgust. But the woman at the ball with a gown that "half conceals and half reveals" is the center of a score of admirers. The woman of the world who sets out to ensnare an innocent youth (or vice versa) does not make him a direct offer of her body; she lures him on with the turn of a word or a passing glance. The practice of suggestive rather than direct expression is so universal that further examples would only be tedious. The essential principle involved is that by suggesting we gain our end, while a direct expression would surely defeat that end. It is as in the psychoses an invulnerable armor is ready for any open attack.

Our theory is then that one of the secrets of art has been laid bare by the reactions of the mentally unsound. Art makes two appeals: on the surface is that which we can grasp consciously and which seems to our closest scrutiny to be free from all obliquity; but beneath this surface, which is only a symbol, is the hidden meaning which speaks to the unconscious. A neat argument for this view is found in the difference between the etymological and the real meaning of the word *artful*. Etymologically, it should mean full of art, while in reality it signifies a cunning disguise of a purpose. Unconsciously people have altered the meanings of many words so as to betray the latent content of that which is named by the original meaning of the word.

We have mentioned three characteristics of art; let us see how this theory explains them. In the first place, art attracts us without our knowing why. This very formulation states that an appeal is made to the unconscious; the situation portrayed is one into which we are able to project ourselves unconsciously and so gain an outlet to that desire which we have repressed. We enjoy or are otherwise moved by "feeling" the latent content of what is symbolically portrayed. Secondly, the refinement of art is in direct proportion to the degree of culture of the society or individuals who produce or enjoy it. This is a corollary to our proposi-

tion. Culture, refinement, and civilization, all mean the rejection of the crude. We grow less and less sensitive to "coarseness," as we grow more able to repress our natural lusts, until finally any crude expression means little or nothing to us, except perhaps disgust. The symbol, therefore, becomes more and more refined until the latent content is absolutely hidden from our consciousness. As long as our consciousness can see the danger we are able to grapple with it. If art, then, in its highest forms be an appeal to the unconscious, its outward form must necessarily have become so refined and altered that its latent content is totally hidden from our consciousness. Thirdly, why are artists unable to trace the source of their highest inspiration? The answer is now plain. The pen, the chisel, or the brush is guided by the unconscious. The artist's own conscious work goes into the elaboration of his material, and the greater his intellect the finer the work; but his plot, his "inspiration," the latent content comes from that realm of his mind which no introspection can reveal to him. His unconsciousness speaks to ours, and we are both as unable to grasp the meaning of the message, as it stands, as is the operator who transmits a cable in code.

But what are these deep lying desires lurking in the unconscious? We have seen that we find evidence from the mentally abnormal to believe that we have in infancy cherished wishes which our more mature mind recognizes as incestuous. These are, among others, the unconscious yearnings which come to more or less open expression in the psychoses. Now, delusions and hallucinations bear a curious resemblance to dreams, and the psychoanalysis of the dreams of normal individuals reveals the same infantile desires. How may art touch these repressed tendencies? To answer this question I shall cite two examples already mentioned and curiously applicable as they have been the occasion of more dismay to the critics who would explain them than any other examples in literature and painting. At the same time they make a universal appeal and are regarded by many as being the highest pinnacles of art in these two spheres. Finally, they have both been studied

by psychoanalysts, and the resultant publications are accessible to all.¹

Leonardo da Vinci's masterpiece "La Giaconda" is perhaps the most famous painting in the world. Practically all who see it are strangely moved by it — attracted, repelled, horrified, or enchanted. The gaze is instantly focused on the mouth, and when that smile has been seen, attention never wanders from it. We are indebted to Freud for an explanation of it, which I cannot give here in detail. Suffice it to say that he has evidence from Da Vinci's life to regard it as alike to the sphinx — another source of mystery. But in the sphinx we have further evidence. It is a figure both male and female. Now, every psychoanalyst meets constantly the infantile theory that the boy's mother has organs like his own. This is the first great riddle which he has to solve. It is for him inexplicable. So is the sphinx, so is La Giaconda's smile. When we see that, we hark back to that long forgotten time when we pondered over that very problem.

To Ernest Jones we owe the elaboration of Freud's theory concerning the mystery of Hamlet. For even the briefest outline of the psychoanalytic theory of that tragedy, some introduction is necessary. We have spoken of the incestuous attachment of children to their parents that early in life is repressed to live on in the unconscious till something happens that tends to bring the wish to the surface. If a boy harbors the desire to marry his mother, the father is naturally a rival, and the child wishes him out of the way. But with this hate is combined a filial love and respect which leaves the child (and the man in his unconscious) torn between love and hate. Should his father die, the infantile wish is fulfilled and the way is open for the completion of the attachment with the mother. This is, of course, absolutely at variance with all his adult moral standards of conduct, and the resultant conflict is frequently responsible for a psychosis. Now, for the case of Hamlet. He loved his mother (and Jones shows how Shakespeare was in a

¹ *Eine Kindheitserinnerung des Leonardo da Vinci*, Prof. Dr. Sigmund Freud; and *Das Problem des Hamlet und der Odipus-Komplex*, Dr. Ernest Jones, both published in the *Schriften zur Angewandten Seelenkunde*.

situation for this to be in his mind at the time of writing this tragedy) and therefore had a wish to displace his father that was paralyzed by his love and respect for him. The father dies and the conflict between conscious repression and unconscious craving ensues.¹ But how much worse is this struggle than that which comes to the average man in this predicament! The murderer of his father has married his mother, and is, therefore, now *his father*. Not only has the first rival been removed and a second appeared, but by his marriage this second rival has made himself as secure from attack as was the first, for, by the rule of the unconscious, he who is called father, or is in his place, is regarded as a real father. This is the secret of Hamlet's indecision. Should he act as he was expected to do, and as he consciously wished, and kill his stepfather, he would be acting in response to that demand which his unconscious had been making all his life and against which the finer part of his nature had been struggling. The killing of his stepfather was, then, his solemn duty as an avenger and, at the same time, the crime of all crimes. No wonder when he had the opportunity, decision was lacking, and he put back his sword with a "rationalization" about delaying till the king should be caught in some profane act. It is to be noted, too, how Hamlet's tenderness for his mother breaks through his reproaches, and the intense delight he takes in provoking and insulting Polonius, who is another person's father. He ends by killing him, which act, whether Hamlet knew the eavesdropper or not, was something that could give Shakespeare a secret satisfaction. Here was a man who was near

¹ This whole conflict is epitomized in one sentence and what psychoanalysts would term a free association from the thought of that sentence. That is, it is an association that has no necessary conscious relation to the preceding utterance but is determined by an unconscious continuity of thought.

"Would I had met my dearest foe in heaven

Or ever I had seen that day [mother's marriage day], Horatio!

My father! — methinks I see my father" [proceeding with a eulogy of his dead parent].

"Dearest foe," though a phrase accepted in common speech, can have no literal meaning, unless it describes just that combination of love and hate which the child feels toward his father. Translated as it were, then, this reads, "I would rather that I and my father were dead than that my mother should have remarried," though "heaven" has probably further unconscious meaning. Then after this wish for the father's death comes the counter interest of respect, "methinks I see my father," etc.

to being a father (through Ophelia) but was not near enough to come within the range of filial obligation.

Shakespeare is here writing in the language of the unconscious, and he speaks to each of us, because each of us has gone through a similar conflict and dreams of it in some form or other every night. It is the greatest tragedy ever written for two reasons, apart from its intellectuality: first, because the latent theme is that of a universal tragedy; and second, because neither Shakespeare, who wrote it, nor the student who pores over it, knows consciously what it is about. Oedipus Tyrannus falls short of it for us, because the problem is not so well disguised. Our consciousness can at least catch a glimpse of the purpose and puts us on guard. This language of the unconscious is a code which has been understood unconsciously by all men wherever or whenever they lived. It speaks of the deepest yearnings we all feel, whether we are Australian bushmen, Attic playgoers, or American professors of English, and its transmission depends on its failure of conscious recognition. It is therefore a code that can never consciously be understood but always felt; for, (such is the experience of psychoanalysis) so soon as it is grasped by consciousness it ceases to be felt by the unconscious. It is, perhaps, not hard to see why the situation of Hamlet should make the appeal to us which it does, but why does La Giaconda's smile mean the same to so many millions? If the language of the unconscious is to be a tongue not understood by the conscious mind, it must be a symbolic language. Why should ancients and moderns, black, white, and yellow men, all have chosen certain symbols to represent the same unconscious ideas. That we do not know. But we do know the human mind shows an extraordinary tendency to specificity when it chooses symbols or signs (using that term now in the lay as well as the psychoanalytic sense). Take the following observation as an example:

Col. Garrick Mallery, in an article on "Sign Language among the North American Indians,"¹ says: "A large collection has been made of natural deaf-mute signs, and also of those more conventional, which have been collated with

¹ First Annual Report, Bureau of Ethnology, Washington.

those of the several tribes of Indians. Many of them showed marked similarity, not only in principle but also in detail." The degree of similarity was evidenced by a critical test, which he describes. "Seven Ute Indians were taken to the National Deaf Mute College at Washington, and put severally in communication with seven deaf-mute pupils. A narrative given in signs by a teacher to a deaf-mute was retold by signs from the pupil to an Indian, who in turn could repeat it accurately through an interpreter."

To many this theory may seem to debase art, and, indeed, to depreciate human nature in general. This is, of course, no argument to be considered scientifically, but it is this prejudice which keeps many from the acceptance, even the consideration, of psychoanalysis. Yet, I think, when one has once adopted the new standpoint, one is forced to a higher appreciation of mankind when he sees what the strength and tenacity of the unconscious tendencies are. Any man's rectitude appears more exalted to us, when we learn through what temptations he has passed. The pond lily is not less beautiful because it grows in a marshy slime; in fact, it gains a certain glory from its very setting. And when we see man progressively repress more and more of his immoral tendencies, when we see him turn the energy of his unholy loves into sublimated, social expressions, we are forced to take an optimistic view. We are forced to recognize that the civilizing, moral forces are, on the whole, stronger than the bestial and the immoral; for are not these desires, these tendencies repressed to the unconscious? This is the true meaning of that dangerous catch phrase "All that is beautiful is good." The highest art, that which appeals to the most civilized man, can only, by our theory, be good. Were the immoral content not completely hidden from consciousness, it would appear not beautiful but repulsive. And, finally, we gain a charity for the lapses of mankind that we could not have, did we look on man as an animal created and nourished with none but virtuous impulses.

ARTIFICIAL DREAMS AND LYING¹

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THE mechanisms one finds in dreams play the same part in artificial dreams. By artificial dreams we understand those dreams which a person consciously makes up when requested to do so. The person is instructed to make up a dream by imitating what he regards a real dream, and in doing this he is told to talk at random without guiding his thoughts. The productions obtained in this manner are recorded and analyzed like those of a real dream. I resort to artificial dreams whenever a patient claims that he does not dream at all or he suddenly stops dreaming. The analysis of such dreams does not differ from the analyses of real dreams,² as far as technique is concerned, they always show the same processes, and the latent thoughts always show the realization of wishes.

My attention was first directed to artificial dreams in 1908, through the following episode. I was treating an out-of-town physician who was suffering from a very severe anxiety hysteria. I saw him regularly for a few weeks, but matters were far from satisfactory. He was skeptical, and although he claimed that he was anxious to co-operate with me he was unable to talk freely. He answered my questions, but could give no free associations to anything. The association experiment did not help me in the least, and my requests for dreams were always answered with the remark, "I never dream." One morning when I put to him the usual question, he smilingly said that he had a dream. I immediately noted it from his dictation, and proceeded with the analysis. He said that he dreamed that he was giving birth to a child, and that he felt very severe labor pains.

¹Read before the American Psychopathological Association at Albany, N. Y., on May 7, 1914.

²The same views are held by Bleuler. Cf. *Münchener Medizinischen Wochenschrift*, No. 21, 1911.

X, the *accoucheur* was unusually rough. To quote his words: "He stuck the forceps into me more like a butcher than a physician." He added, "Of course X is no doctor, he is a business man." This patient was about thirty years old, single, a physician and dentist in a neighboring city. He was burdened by heredity, a maternal aunt was insane. In his make-up he was effeminate, both physically and mentally, and his attitude to his fellow-men was distinctly masochistic. He was a success as doctor and dentist, because, as he put it, he understood how to be gentle with his patients.

When I asked him to tell me something more about this dream he simply smiled and said that nothing came to his mind.

Question: Who is X? "X" was once a very good friend, but we gradually drifted apart." "Why?" "Because I did not like some of his friends." "Was that the only reason for drifting apart?" "I believe so. X also claimed that I was unjust to him, that I disliked every woman and every man who interested him." The patient then went into details and admitted that he was wrong in his criticisms of X's friends. I then remarked, "You were really jealous of X, were you not?" "Yes," he answered, "that's what he claimed."

My former suspicions concerning this patient's homosexuality suddenly flashed through my mind, and I continued: "But jealousy of such a nature would only be justified among persons of the opposite sex. Your behavior would lead me to think that you . . ." He quickly interrupted me with a forced outburst of laughter and added: "There is no use fooling you any longer. What I told you was not a dream. I just made it up to show you how ridiculous your dream theories are." His remarks, as well as the explosive affect of laughter, followed by an uncalled for bitter attack on the dream theories only confirmed my belief that the man was homosexual. When I told him what I thought he became even angrier. He wanted to know what that had to do with me, what that had to do with his nervous state, that that was his own affair, and so on. Without going into further detail, I will state that

this patient was homosexual as well as passively algolagnic, and that his anxiety-hysteria was based entirely on a sudden cessation of his homosexual relations as a result of his quarrel with X. To those who are acquainted with dream-analysis we need only add that this patient was an only son, whose identification with his mother was so complete that his attitude toward every man was that of his own mother's toward his father. After he passed over his emotional outburst, he made a full confession, and also admitted that he came to me under an assumed name.

This episode gave material for reflection. Here was a person who deliberately tried to mislead me by making up a dream, and instead he only betrayed himself. The idea then suggested itself to ask other patients whose conflicts were known to me to make up dreams in order to see what the analysis would show. It was soon found that there was no difference between the artificial and the real dream; the analysis always showed the person's difficulties, and was just as helpful in the treatment as the real dream¹. I thereupon used this device with good advantage in those cases that offered any resistances to the treatment. It can readily be seen that the artificial dream is a simpler and more potent instrument than the tedious association experiment. The latter requires much time, one has to go through a long process before one discovers the complex indicators which must after all be analyzed by the "free association" method, while everything in the artificial dream must perforce be related to the person's unconscious complexes.

To show how artificial dreams tell the tale, the following cases may be cited. S. made up the following dream:

"I do something that meets with my parents' disapproval. I am afraid of my father as if I were a child."

As the patient had no free association to this dream he invented a second one:

"I see an old woman crying. She is evidently trying to decipher shorthand notes, and as she cannot do it she leaves the office."

¹In his book "*Die Sprache des Traumes*," Wien, 1911, Stekel devotes a chapter to artificial dreams in which he expresses similar views.

The associations to this dream brought out the following facts. The old woman represented Miss Z, a stenographer, older by five years than the dreamer. In a letter to S she wrote that she was too old for him, and urged him to forget her. He met her in very questionable surroundings while carousing with friends, fell in love with her, and then offered to marry her. She promised to reform, took up stenography, and through his influence obtained a position in his father's office. When he finally spoke to his father, who knew nothing of the woman's past, the latter at first refused his consent, but later showed signs of relenting. It was then that S himself began to doubt the wisdom of his matrimonial venture. Most of his friends knew the girl's former life, and strongly advised him against marrying her. He knew that he would have to renounce all his social connections, and feared lest his father should discover the true facts concerning her past.

It was this conflict, coupled with other factors which need not here be discussed, that revived a dormant psycho-neurosis. While under treatment he consciously withheld the most important facts in his love affair. The dreams clearly show the whole problem. He does something that meets with his parents' disapproval, and is afraid of his father as if he were a child. The last associations recalled his early childhood when he often feared his father's wrath for soiling the bed. Should he now enter into this contemplated matrimony he will again soil his bed, and will be punished by his father. The second dream shows the wish to get rid of her. She was a poor stenographer, and she would have been discharged long before had it not been for his intercession. The dream shows that she leaves voluntarily because she cannot hold any position in his family.

A mild præcox, a young married woman who never dreamed made up the following dream:

"I went into a garden where there were many people. One of the ladies fell in love with one of the gentlemen sitting on the bench. They exchanged all sorts of endearing terms until the lady proposed marriage. They married and were very happy."

Remembering that one only dreams of what he has not,

and that the dreamer is the chief figure in the dream, it was not difficult to conclude that the patient was not satisfied with her matrimonial state, and that she was thinking of some other man. She always maintained that she was perfectly happy with her husband. When the meaning of the dream was made clear to her she admitted that she had had an affair with a certain man which was the immediate cause of her breakdown.

The following dream was made up by a young man who could never remember any dreams.

"Mother told me Jack was dead and I was n't very much worried over it, which surprised me."

Jack was his best friend, who at this particular time was very ill with typhoid fever. He recalled that as boys, while playing, Jack once feigned death and frightened him terribly. While he was in the greatest of despair, crying bitterly, Jack suddenly burst out laughing. The artificial dream is therefore a consolation dream, and means to say that he is as dead now as he was then. The affect connected with the dream corroborates this, for whenever it concerns real death, the corresponding emotion usually accompanies it.

A young lady of twenty-nine years suffered from very deep depression, and for weeks was almost inaccessible. I finally succeeded in inducing her to make up a dream. She merged into a dreamy state and said: *"I see a horrible ghastly object; it is some animal; it breathes under the water. I wish to pull it out, but I cannot. Now it is coming up."*

With the utmost difficulty she gave enough associations to show that the exciting cause of her depression was an abortion by a physician after she herself made several attempts to bring it about. The analysis of this dream brought about a remarkable change in her condition. She became talkative and her depression soon disappeared.

These examples suffice to show that these seemingly voluntary constructions have the same significance as real dreams, and that as an instrument for the discovery of hidden complexes they are just as important as the latter. Furthermore they also demonstrate some of the mechanisms of conscious deception. The first patient deliberately tried

to fool me by making up what he thought to be a senseless production, but what he actually did was to produce a distorted wish. He later admitted to me that for days he was on his guard lest I should discover his inverted sexuality, but it never occurred to him that I could discover it in his manner. That his artificial dream should have betrayed him is not so strange when one remembers that no mental production, voluntary or involuntary, can represent anything but a vital part of the person producing it.

One of the objections to dream analysis is that the dreamer in recounting the dream, consciously or unconsciously fills up the gaps which originally existed in the dream, and thus gives us something which does not belong to the dream proper. From what has been said concerning artificial dreams, it can be seen that this makes no material difference in the analysis, for the dreamer will consciously or unconsciously gravitate toward his own strivings. This also answers those who claim that some patients treated by analysis consciously lie about their symptoms, and hence the psychanalysis is worthless. I am always pleased when a patient tells me lies. Sooner or later I usually discover the truth, and the former lies then throw much light on the neurosis. For every conscious lie, even in normal persons, is a direct or indirect wish. Like dreaming, everything that necessitates lying must be of importance to the individual concerned. Lying is one of the defense mechanisms which help the individual out of difficulties, and under such circumstances it is often designated as a "white lie." Thus, we have a double standard of lying, the "white lie" which is pardonable, and the lie made with malicious intent, or done habitually just for lying's sake. In early life lying is very common. Thus children invariably show a tendency to confabulate, but this cannot be considered pathological. It simply denotes a premature mentality. Children have not as yet assumed all the necessary ethical inhibitions, and therefore follow their impulses. Whenever they are in any difficulty they do not hesitate to lie out of it. Thus a boy of four having broken a dish insisted that a servant did it, and an older boy having been detected playing truant asserted that his teacher was sick. Here the wishes are

quite clear. With the advance of age, however, we are expected to tell the truth, and the average normal person can do so to a certain extent. The lies then serve a definite purpose. They are usually well balanced, and sometimes even very ingenious and complicated. The same holds true in the abnormal classes; the greater the intellect, the more difficult it is to detect the lie. Moral idiots and superior degenerates often make such good impressions that they frequently escape detection for a long time, while it is simple enough to see through the lies of children, of most mental defectives and insane. An examination of the records of some of the international swindlers will convince one of the truth of these statements. On the other hand, the lowest type, the idiot, is usually incapable of telling a lie. His extreme mental poverty allows him to follow unhindered all his simple desires; he has not enough brains to formulate a lie. The lowest type of idiot is therefore honesty personified. That telling the truth among normals is considered something verging on the impossible is shown by the fact that one of the greatest attributes of the Father of this Country is that he never told a lie. As a matter of fact every normal person tells a lie on certain occasions, and provided certain conditions are fulfilled it is not counted against him even if he is detected.

To be called a liar, a person must not only show a frequent tendency to confabulate, but he must also evince a certain clumsiness or weakmindedness in its execution. Thus, a well-bred, apparently intelligent woman had the reputation of being a liar. When I met her for the first time we had occasion to speak of a well-known physician whose patient she was, and she remarked: "Dr. N. is so devoted to me that he kisses me whenever I leave his office." Noticing my great surprise, she added, "I am just like a daughter to him." I could not believe this because I was personally acquainted with this physician, and knew that such actions are absolutely foreign to him. The weakmindedness of it was shown by the fact that despite her knowing that I was well acquainted with Dr. N. she, nevertheless, made this statement. This woman is very psychopathic, and is known as an habitual liar. A similar case was related to me

by a friend. He met for the first time Dr. Y., and in a very imposing manner, the latter immediately began to sing his own praises. He told my friend that he had just returned from a well-known European clinic, where he had been Professor P.'s friend and most esteemed assistant, and to impress him still more with his greatness he said: "I just received from Professor P. the proof sheets of the third edition of his forthcoming book which he desires me to read and to offer any suggestions I may think necessary." My friend could not believe this because he was well acquainted with the said clinic, and knew that Dr. Y. played no greater part there than scores of other physicians who went there for courses of instruction, and besides, the third edition of this book was already in my friend's possession. His bookseller had delivered it to him a few days before. Here also it can be plainly seen that we deal with some weak-mindedness. Both these people are well known as confabulators among their friends and acquaintances. They are both very infantile and psychopathic in their make-up, and their lies plainly show their mental trends. Weak-mindedness due to any cause permits ambitions to run riot, and as the individual finds it impossible to realize them, he makes believe to his fellow beings that he has actually accomplished all these deeds. In other words, all habitual liars suffer from an inner voidness which they constantly strive to fill. In this respect they resemble prolific dreamers who have many wishes to fulfil, but where as the latter by virtue of ethical inhibitions can only realize their desires during sleep, the psychopathic liar, who has never fully developed mental inhibitions, puts his wishes in operation in his waking state. In this connection it is interesting to note that confabulatory tendencies can be produced by exogenous factors. I refer to the confabulations one always finds in Korsakoff's psychosis, and very often in general paresis. Here the poison having destroyed life-long inhibitions, the patients find it very easy to tell the most phantastic and embellished adventures. They never become embarrassed when brought to bay because their mental processes are partially paralyzed and because they believe their own stories. It is a known fact that even ordinary liars eventu-

ally believe their former lies, and thus realize their wishes. In my analytic work I often encounter such mechanisms. A few years ago I often heard an acquaintance tell of his interesting experiences in a military academy, where he said he spent a few years. I was very much surprised to find years later while I analyzed him that he never even saw this academy. He told me that at the age of ten years he was attracted to a boy, a military student, and entertained a very strong wish to enter this military academy. He took a great interest in military life, and read much about this academy, but owing to financial difficulties his ardent wish could never be realized. When he applied for his first position he boldly stated that he studied in this military school, and as this lie remained unnoticed, he stuck to it for years, and finally believed that he actually studied there for a long time.

The further away we get from the normal the more glaring are these mechanisms. The best examples are naturally furnished by cases of *pseudologia phantastica*.¹ I have seen a number of such cases and found that their phantastic confabulations are either direct or indirect wishes. A defective boy of nineteen years, whose history showed the typical *pseudologia phantastica*, related to me that he was on intimate terms with some people of noble birth. He talked so much about them, mentioning names and reciting in detail many episodes, that I was first inclined to believe him. I soon found that there was no truth in all his assertions, that they were all manufactured out of whole cloth. I could not understand why he chose this particular form of confabulation—he constantly associated with royalty and nobility—until I discovered that he was controlled by delusions of grandeur. He imagined that he was a prince, and that the people who called themselves his parents were not his real parents. He was never at a loss for an answer; he could always tell where Princess W lived, and where Count Z. dines, and even when cornered he showed little embarrassment. Some lies manifest themselves in very strange ways. Thus a young woman whose case I

¹Those interested should read "*Die Pathologische Lüge*," by Debrück, Enke, Stuttgart, 1891.

reported elsewhere,¹ suddenly stopped urinating and defecating while she was treated in a private sanitarium. No amount of urging could cause her to attend to these wants. She sometimes maintained that she could not, and at other times that she simply felt no need for such functions. While the physicians were worrying over her apparent ailment she secretly appropriated towels and used them as receptacles for her excretions which she threw out of the window. Here the lie was determined by a return of infantile anal and urethral eroticisms which manifested themselves through the desire to claim the doctor's attention for these organs. This case recalls Virchow's notorious Louise Lateau, who refused to take food because she maintained that she was a saint and therefore needed no nourishment. Virchow ascertained that she had regular movements of the bowels, and decided that she must be taking nourishment. For, said he, although the Lord created the world out of nothing, yet even a saintess would need a continuous amount of nourishment to produce fecal matter.²

In summing up it may be said that artificial dreams do not differ essentially from actual dreams, the mechanisms of both are the same. In so far as they are arbitrary productions in the waking state they show a definite relation to lying which is also a conscious way of wish realization. Every lie is a direct or indirect wish, and hence it must be concluded that habitual liars are very dissatisfied persons. The habitual liar differs from the dreamer in the facts that he does not find it necessary to overcome resistances and inhibitions in order to gratify his cravings, nor is he forced to bring them about by hallucinatory regressions as is done by the dreamer. The mental process of the liar is very superficial, he gains pleasure by imparting to others his desires as accomplished. The liar shows a definite relation to the born criminal, from whom he differs only in degree. The latter being usually lower in the mental scale, approaching the ideally honest idiot, feels little need for dreaming in any form. I believe it was Santo de Sanctis

¹Cf. "Psychanalysis, its Theories and Application," p. 247, second edition. Saunders, Philadelphia.

²Quoted by Pelman: "*Psychische Genzzustände*," p. 161.

who actually found that criminals rarely dream. Criminals do not wish very long. Whenever they want something they soon take steps to procure it. The apparent courage displayed by the latter in realizing their impulses is nothing but a manifestation of mental defectiveness. The habitual liar, too, displays much apparent courage which is simply an evidence of superficial judgment and reasoning. Thus, Dr. Y., mentioned above, is so sure of himself, and his assertions so glib and bold, that he repeatedly duped some very scientific, though gullible persons. Last, but not least, the liar is also related to the poet. The poet may be called an artificial dreamer or a conventionalized — usually mentally balanced — confabulator. Prescott¹ has definitely demonstrated the relation between poetry and dreams, and concerning the origin of poetry he expresses himself as follows: "The function of poetry also seems to be to represent the imaginary fulfilment of our ungratified wishes or desires." . . . "The poet is essentially a man filled with desires, unsatisfied, and it is in a state of dissatisfaction that poetry arises."² We have also shown above that the same mechanisms are found in the habitual liar, and to lesser degree in every normal person. What are the distinctions between them? The normal dissatisfied person contents himself with fancy formations which he keeps to himself very carefully. He does not wish to tell us his secret desires which re-echo his infantile life, because he is ashamed to do so, and because he knows that we will not find them interesting. The liar has never outgrown his infancy, so that even as an adult his fancies, that is, his wishes, are of a childish nature. He is unable to adopt himself to reality, so that he builds up his world on the infantile foundation. The ego of his fancies, so coyly hidden by the normal person, stands out very prominently in the liar. Liars, especially of the lower types, are extremely egotistic, and their productions are absolutely egocentric, they are always the heroes of wonderful adventures, and for that reason they repel us. The poet or writer, not being weakminded, overcomes these difficulties by toning down the egotistic character of his fancies.

¹"Poetry and Dreams," Badger, Boston.

²l. c., p. 16.

By hiding himself under the hero, his productions give us pure esthetic pleasure.¹ We are fascinated by the poem or the story because it offers us an opportunity to put ourselves in the hero's place, and we thus gain pleasure from deep psychic sources. In other words, the poet offers us an enticing premium or a fore-pleasure, whereby we can release some tension from our own mind, while the liar gives us nothing; childlike, he wants everything, and he obtains pleasure in reciting to others his egotistic adventures. Language, too, shows the close relation between dreamer, the poet and the liar. The word dream is supposed to be etymologically connected with the German *trügen*, to deceive, the word lie with the German *lügen*, to lie, to deceive, while the word poet comes from the Greek ποιητής, and signifies to make, to invent.

¹Freud's "*Der Dichter und das Phantasieren Neurosenlehre.*" Second edition.

THE PSYCHOPATHOLOGY OF THE FAMILY.¹

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THE family is a social institution, organized in the interests of society, and for that reason sanctioned. Anything that interferes with the harmonious and happy relations of family life is a cause of pathological conditions of great importance. Much is made of environment in physical affairs, not less should be made of environment in psychical affairs, and the most important part of the psychical environment of an individual is his family.

The fundamental family relation is, of course, sexual. If anything goes wrong with this relation, the individual members of the family, parents and children included, suffer severely. Sometimes a chain of causes can be traced, starting from irregularities in the sexual life of the parents and leading to the most severe hysterias and other psychoneuroses in the children.

As in the psychopathology of the individual, so in the family, the nucleus of difficulty is *conflict*. Of course the causes of conflict may be various, sometimes physical — sometimes psychical. For the purposes of this paper, however, I shall confine my study to psychically caused conflicts. And I shall try to be as concrete as possible, depending for my data on cases I have studied.

CASE 1. A little girl of six was playing in the attic one day rummaging around in an old trunk. Among other things she discovered her mother's marriage certificate. Reading this she learned that her mother was married October, 18—. At the time she thought nothing of it. Two or three years later, however, a special significance

¹Read at the Annual Meeting of the American Psychopathological Association, held at Albany, May 6, 1914.

attached itself to this memory. Her birthday was in December, 18—, her mother had been married in October of that same year, hence the horrible thought which came to her. She was in school at the time and said she remembered very well that she would n't go home that night till after dark.

As a result of this knowledge the little girl lost all respect for her father and mother. She refused to obey them. She became incorrigible. Her father, exasperated beyond endurance, used to whip her, she said, sometimes till the blood came. Her mother kept her home from parties, when she would cry herself to sleep. Because the child became so fond of her aunt, turning from her mother, her mother got very jealous. Once her grandfather wanted to give her and her sister sleds. Her mother said he might give her sister a sled but not her, unless she would promise not to go to her aunt's so much.

In some ways the father humored his daughter and made her his companion. He had wanted a son and, though disappointed, treated her very much like a boy.

After the birth of her sister her mother was sick most of the time, later having her ovaries removed.

At first after gaining her bitter knowledge she was seclusive and refused to have any friends or go out, later she became almost uncontrollable in her wild seeking for excitement. She, more or less unconsciously, decided that boys were her prey and became engaged to one after another, only to flout them in the end. Apparently engagement only meant the privilege of taking her to parties and seeing to it that she was not left out of anything. She did not allow any hugging or kissing or any other special privilege. She went through High and then Normal School with honors. She became fluent in conversational French, and at the same time danced frantically at all the balls.

After graduating from the Normal School she became a teacher, though still keeping up the habit of becoming engaged, tandem, to as many men as she could catch. Finally, she became engaged to a successful business man much older than herself, who did not take her light and flippant treatment so meekly as some of his predecessors

had done, and who insisted on marrying her. To escape him she resigned her school and, securing another teaching appointment in a Western state, left home.

Here she was wooed, and this time won, by a man to whom she seemed like an angel of light, while to her he was known to be a drinking man and profligate. So far as *conscious* motives went she married him to reform him.

After marriage her husband's one idea of her was as a sexual object. As a result of this she finally got into such a state of mind that she had hallucinations symbolizing death, and threatened suicide.

The origin of these psychopathological processes in the patient was her knowledge of the belated marriage of her parents. This, however, could hardly be called a trauma. Indeed when she *first* gained the knowledge it meant nothing to her, only later did its significance appear. The knowledge was more like a poison, or an infection, breeding unwholesome progeny. It takes but little imagination to picture the parent's attitude to their child being largely determined by the secret held in their own breasts. Because of their feeling of guilt they did not dare to insist on a high morality in their daughter's actions. They lost control. Hence it followed that family relations were unwholesome.

This is a case which shows, it seems to me, the wide significance of sex. Because of her knowledge the patient practiced a complete frigidity of sexual feeling, associated with absolutely unscrupulous flirting and coquetting. Because of this assumed frigidity none of the good boys, who loved her, were able to arouse in her any reciprocating love. It took a libertine to arouse any feeling she could imagine was love, hence her marriage. But, once married, her husband was not accepted, he was loathed. Hence, finally, the hysteria. Thus sex and family morality are indissoluble.

CASE 2. A small boy lived in mortal terror of his father. If he did the least thing to displease him he was savagely beaten. Often he was beaten early in the morning, in his night dress, with the buckle end of a belt. His body would be black and blue and sometimes he was beaten till the blood came. He hated his father.

When he was in his early teens he ran away, and stayed several years. While living a sort of vagabond's life he tried to steal a ride on a freight car, fell off, and lost his right leg. Then he came home on account of his love for his mother. He did not stay very long, however, on account of his hate for his father. There were months, at times, when he did not speak to his father, and any necessary communication had to be indirect. He had a fight with his father finally and left home for good.

He became an expert machinist and finally did very well.

He never married, and though he had had casual sexual relations with women, he gave that up because he always felt ashamed.

He came to me because he had lost interest in his work and felt especially antagonistic toward everybody. He felt all the time that every man's hand was against him and his hand against every man.

Speaking generally, this man's attitude toward the world was a transference of his attitude towards his father. His feeling of respect for women was a generalization of his respect and love for his mother. Out of the family conflicts came his individual conflicts.

The sadistic character of the father, in this case, is evident. The masochistic tendencies of the son are suggested by the fact that he always enjoyed a dark, dull day, more than a pleasant one. His homosexuality is shown by his greater liking for men, even though he feared them, than for women, although he had indulged, successfully in heterosexual relations.

The patient showed considerable philosophic power, and in conversation one could not help having the impression that in a different family, with better opportunities, and less cruel treatment, he would have become an abler and more efficient member of society, with a better disposition.

CASE 3. This is the case of Miss A., of which I have already published a preliminary account in the first number of the *Psychoanalytic Review*.

When Miss A. was about eight years old an uncle

began masturbating her. She was afraid to tell of him because he threatened to tell her father of a childish misdemeanor of her own, against her father. Her father was sadistic. He was wont to beat her brothers unmercifully, stripping them, tying them to a bedpost, and belaboring them until the blood would run down their backs. But she said what she feared even more than the beating, was being stripped.

The mother, in this case, bore everything meekly the father chose to do. It is hard to escape the conviction that she was masochistic. The patient certainly was masochistic, because she cut herself, many times, as a sort of relief from unbearable feelings she could neither understand nor control.

Family relations may be partly imagined from the fact that she said all her brothers, at one time or another, with one exception, had tried to get her to allow them to have sexual relations with her.

On the surface this family would not be regarded as pathological. The men and boys worked and earned their living; the women and girls also worked. The patient has a remarkable mind as is shown by excerpts from the following letters:

1. "Somehow to-night I seem to myself to be very small, and that is such an odd feeling for me to have. All my energy seems to have left me, and I would be very much discouraged only that I realize that this fit of depression will pass away.

"I long to do so much, and yet I can do so little. Then the little I do seems to bear results so slowly, and sometimes not at all.

"As you know, for the longest time I had the greatest contempt for myself. I still have, but only when I make mistakes, or do something absolutely foolish. It is queer to feel that I am nothing but an atom and the world a monstrous large place. Strive as I may, I can never make much of an impression on it, it seems — but I'll make a try at making an impression even if I do feel like a nickel with a hole in it to-night."

2. "As I said over the 'phone to-night I want to tell

you the truth and nothing but the truth, but I have managed in my stories to you to mix truth and fiction together so well that it will be rather hard to untangle the truth.

“I cannot tell you how very anxious I am to clear myself of all these falsehoods. It is probably the very thing that has been dragging me back and preventing me from doing all I wish to do as quickly as possible.

“I shall not worry over anything. After all, you have done much more than you thought. You have shown me the reason why I cut myself, thereby curing me. Now you are the one who is unconsciously compelling me to tell the truth.”

Given the ability to write such letters, showing insight and literary capacity of a good order, it seems not improbable that the psychopathological conditions of the family are wholly responsible for the psychopathological characteristics of the patient. Here, it seems to me, environmental conditions, of a psychic nature, are of much more importance to an understanding of the case, than are problematical hereditary influences of a physiological nature.

CASE 4. My last case is that of a young girl whose father was found guilty of stealing, when she was a baby, and who spent two years in the reformatory. When he came out he was broken in spirit. Although the evidence against him was completely convincing, so convincing that even his wife believed him guilty, he claimed innocence and persisted in it.

His wife held the family together till he returned and then he took up work again.

The patient was a pretty and headstrong young girl of twelve. She was taken in charge by “society” for stealing small things from her playmates, and finally money from her teacher.

The evolutionary tendency of this little girl toward thieving is fairly clear. Every child has tendencies which, if persisted in, would lead to stealing. Because of the psychological state of mind of the father, resulting in a patho-

logical condition of the family, the child was not well brought up. For one thing she was much humored by the father and given her own way in everything. The mother, a weak woman in some ways, was unable to counteract the over-indulgencies of the father, so the child simply followed her desires and took what she wanted when she wanted it.

When the child began to steal the parents were very much frightened for they thought she had inherited stealing from her father. In fact, however, the child was simply the logical result of the family relations and attitudes.

It is quite evident that this family is pathological even though no single member might be so designated. The wife thought her husband a thief and a liar — probably truly. The husband turned to his daughter for comfort and sought to gain her love by overindulgence and partiality. The final result was a girl who stole — thus completing the vicious circle.

It is obvious that psychoanalysis is necessary for discovering the more intimate forms of family relationship. In a psychoanalysis all kinds of data come to light that remain otherwise entirely hidden. This is true because family relations are psychical and are not to be seen by a casual visit to the home. Even for the most superficial investigation of family life, the psychoanalytic point of view is necessary.

I could multiply examples indefinitely of psychopathological family relations leading to psychopathological reactions in individuals. Considering the abilities of the individuals it seems impossible to avoid the conclusion that in many cases the trouble lay in the environment rather than in the individuals.

John Dewey in an address before the Harvard Philosophical Society about a month ago, traced the development of "mind" from the "instinctive impulses" of infancy. "Mind," he said, manifested itself when the infant reacted to something as to a "sign," to a "symbol," with "meaning." A "mind," therefore, is absolutely dependent on "social relations" for its very being. Obviously, the nature of the particular "mind" will be highly, if not absolutely, dependent on the nature of the "social relations," in which

the "instinctive impulses," which are the materials out of which "minds" are made, find themselves. These "social relations," in other words "family relations," are so powerful for good or evil, what wonder one of the greatest philosophers of all time believed in the bringing up of children by the state.

Plato thought that in society he saw the individual writ large. He was right. In the child, or individual, one sees the family writ small. To understand the particular patient one must understand the psychical environment out of which he sprang. This is the family.

The Adler conception of *minderwertigkeit* is very useful in clarifying our ideas in such complexities as we have been considering. In a family, for instance, when one or two children are less capable than the others, there may grow up such a feeling of self-disparagement in the weaker one as to result in pathological reactions. In such cases as these, it seems to me, nothing less than ethical effort will be of the slightest use therapeutically. No matter how weak the individual may be; short of actual feeble-mindedness or a psychosis, he *must* strive to become better, and work towards social serviceability. The penalty of anything less is the liability of a lapse into a psychoneurosis of greater or less severity. In trying to solve such problems as these, and others similar, psychoanalysis, like Saul, has found a kingdom.

A FEW DREAM ANALYSES

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HERE are four dreams which occurred in more or less normal individuals.¹

Their analyses and interpretations are briefly presented. No extended explanations are entered into, nor are they necessary since the soundness, truth and accuracy of the latter cannot, it seems to me, be much doubted.

The method employed was that described in a previous article.² It consisted of introspection, concentration of the attention and conversation.

No conclusions are here drawn. I may merely note that many of the conclusions of the Freudian school, with respect to the function and meaning of dreams, are not only not supported but, on the other hand, are sharply contradicted.

The conclusions of the author, as numerically tabulated in two previous papers,³ and as somewhat more fully explained in another article,⁴ are here fully confirmed.

CASE I

DREAM AND ANALYSIS

My sister M. has been troubled by recurrent axillary

¹ On reading the proof of this paper the writer is reminded that he is somewhat outside the pale of normality since, from childhood, he has suffered from a disorder of speech — stuttering (a veritable psychoneurotic disorder). This information is offered because of the fact that it was the writer who had the first dream here detailed.

² In JOURNAL OF ABNORMAL PSYCHOLOGY, June–July, 1913.

³ "A Contribution to the Analysis and Interpretation of Dreams Based on the Motive of Self-preservation," American Journal of Insanity, probably the forthcoming number, and "Analysis and Interpretation of Dreams Based on Various Motives," JOURNAL OF ABNORMAL PSYCHOLOGY, June–July, 1913. Also "On the Analysis and Interpretation of Dreams Based on Various Motives and on the Theory of Psychoanalysis—Reply to Dr. Putnam," JOURNAL OF ABNORMAL PSYCHOLOGY, 1914.

⁴ "Interpretation of Dreams Based on Various Motives," International Clinics, December, 1913.

abscesses for some time. For the past week she had been considerably annoyed by a single, rather large and acutely inflamed axillary abscess. I had ordered hot applications. She was neglecting proper treatment and would not let me examine it for fear that I would insist on opening it. Last night, before retiring, my mother told me the abscess surely needed attention. My sister still persisted in her decision to let nature take its course, and refused examination or treatment.

A few minutes later I went to my room, undressed, turned out the light and got in bed. While dozing off to sleep the treatment of the axillary abscess came to mind. I thought it might spread and I might have to open it. I then saw before me a red, swollen, pointing abscess bulging downward from the right arm-pit (where my sister's abscess was, in fact, located). This must now be opened, I thought. I proceeded to open it. It was necessary to make a deep incision. I saw the lips of the cut wound separate and the pus pour out from the abscess cavity. The abscess was very pointed. The wound now had two lips, an upper and a lower, both of which gradually came almost to a point and diverged from each other as they were followed from the depth of the wound to the skin surface. This at once reminded me of the sharp-pointed mouth of an animal. This momentarily imagined similarity caused an immediate transformation of the wound so that I next saw before me the representation of the lower part of the face of a fox. At this point I thought to myself: "This is strange. How is it that I see a fox's face?" My sense of criticism was aroused, and I awoke. I at once reviewed the series of associated thoughts as related above, so that I would remember them in the morning. Later, I fell asleep. In the morning I recorded the experience as recited here.

Had my association and flight of ideas continued uninterrupted, there is no telling what series of associations might have resulted. The body of the fox might have made its appearance, a series of exciting occurrences centered about the fox and myself or others might have next taken place, only to again give way to another series of associated thoughts centered about one or the other of the elements

of the dream, and so on. We can thus easily see how chance association of ideas, dependent on our education and experiences in life and our pre-sleeping thoughts, especially of happenings of the preceding day and recent past, may initiate a dream, the content of which may be related to any of our instincts.

INTERPRETATION

In the dream here given there are several factors to consider. The first thoughts were about my sister's abscess. Then came my fear that the abscess might go from bad to worse and require incision. By anticipation I at once see the abscess as I feared it might become. I am already opening it. I had had just such cases in the past. The experience is connected with my professional duties. I am following the profession for three reasons: (1) egocentric and self-preservative — to make a living; (2) altruistic; (3) scientific — spirit of investigation. All of these can be shown to be, in the end, centered about the motive of self-preservation, directly or indirectly. I was probably more concerned about the outcome of my sister's abscess than I might have been had another been so afflicted. But the series of associations might have occurred had I had that experience with any patient in my office. Moreover, had the trend of thought not been broken, there might have occurred some experience with the fox which would have been directly centered about the instinct of self-preservation. Were I a hunter I might have seen myself hunting foxes; were I a dealer in animal skins, there might have been a different line of associations, etc. Moreover, the later dream experience may be very vivid and well remembered, while the antecedent inciting thoughts may be very dim or entirely forgotten.

Freudians may suggest that the fox may be symbolic of a latent thought. After an impartial analysis of myself I can attach no intimate significance to the fox, except that the general impression which had been left on my mind from the story-books of my school-day and later period was that the fox was a crafty, ferocious animal very much to be

feared by man. Consequently the word *fox* was always intimately related to thoughts of danger to myself, and hence of desire for safety (self-preservation). In the instance here recited, however, the introduction of the fox was conditioned purely by association due to imagined resemblance in shape between the incised abscess and the face of a fox.

We can see in this dream-state the significance of association of ideas, especially as determined by past experiences and by the knowledge of the dreamer with regard to the possible outcome of the condition.

The fear that my sister's axillary abscess might progress from bad to worse was the beginning of the flow of ideas. Thus a fear, dependent on a wish (for the abscess to disappear) with relation to my sister (fraternal instinct, originating from altruism and, indirectly, mainly from self-preservation), was the means of initiating the dream thoughts.

It is plainly seen in this dream how chance internal and external associations, dependent on past experiences, education and presleeping thoughts, especially of the events of the preceding day, may incite a dream which later, by association, may be intimately related to any one or more of our instincts. These dream thoughts do not necessarily point to any special hidden, "unconscious" complexes of the dreamer, but rather indicate the general wishes, fears and mental trends more or less common to all mankind, although, of course, this is greatly conditioned by external and somatic stimuli, and by the complexes and special reactions of the individual.

The dreamer may bring into relation with his chance associations some of the wishes, fears, expectations, etc., which have been of particular concern to him within the recent past, especially his experiences and thoughts of the presleeping state and of the day before. Naturally we find that the content and direction of the mental processes in dreams is greatly conditioned by the recency, frequency, duration and intensity of past experiential life, the meaning to the dreamer, and the relation to his personality and constellations.

CASE II

DREAM AND ANALYSIS

The following dream which Mrs. C. had last night was related to me at 1 P.M. to-day. As a prefatorial remark I may say that Mrs. C. is a married lady, sixty years of age, of Hebrew faith. Last night was the first night of the beginning of the Feast of the Passover, a holiday celebrated by the Jews in commemoration of the freedom of the Jews from the bondage of Pharaoh and their exit from Egypt under the leadership of Moses. Mrs. C.'s son N. had that evening brought home a bottle of cognac. Mrs. C., who does not recall when she last tasted cognac, had partaken too freely of it last evening. Still worse, she had taken it on an empty stomach, just before her meal, and when, in fact, she was quite hungry. The cognac destroyed her appetite, upset her, made her at first happy, foolish, witty and restless, only to be soon followed by its depressing effect, so that Mrs. C. fell soundly asleep immediately after supper. She awoke a little after midnight. Another son, M., came home at this time. After a brief conversation, Mrs. C., who had by this time entirely recovered her normal state, returned to sleep. Her bedroom adjoined the kitchen. While she was gently dozing off to sleep she heard the constant pit-pat, pit-pat of drops of water which were dripping from the faucet into the basin of the sink. This made a disagreeable noise which annoyed her and kept her awake. This happened very frequently in the past — as a matter of fact almost every night. However, the dripping could be stopped by turning the handle of the faucet so that it had a perfect anteroposterior position. For this reason she had never taken the matter up with the landlady, who lived in the flat below. As her husband was in the kitchen, Mrs. C. called to him to turn the handle of the faucet to an exact median position so that the drip-drip of the leaking faucet would cease. This Mr. C. did, and the noise stopped. Soon thereafter, Mrs. C. says, she fell asleep, only to have the dream detailed below. She could not give the train or content of her thoughts from the moment her husband fixed the faucet and stopped the dripping to the beginning of the

dream. But she knows the dream occurred very shortly thereafter, since, after she had awakened from the dream, she walked into the kitchen and on looking at the clock saw that it was 1 A.M., while she had gone to her bedroom about fifteen minutes or so before. Here is the dream with analytic explanations interjected in parentheses here and there:

Mrs. C. was standing in the kitchen of her flat (where the water had been dripping from the faucet in the sink). *Mrs. B., the landlady of the house, opened the kitchen door which led out to the rear porch, and entered the kitchen.* "I came up to have a little talk with you," said Mrs. B. "Sit down," rejoined Mrs. C. *Mrs. B. sat down.* *The sun was out and shining brightly. It seemed to be early afternoon.* (It was quite customary for Mrs. B. to come up the back stairs, from her flat below, to the kitchen of Mrs. C.'s flat, where the two women would have a morning or midday chat about cooking, home affairs, the neighborhood gossip, etc. Mrs. B. was a very exacting but selfish landlady. She did not live up to the terms of the lease which Mrs. C. had taken for her flat. There had been much complaint by Mrs. C. all winter long about the poor supply of steam and hot water; Mrs. B. refused to furnish new window-shades for the flat, etc. Mrs. C. was much incensed over this, spoke frequently of breaking the lease and was much embittered toward Mrs. B. The family W. in the flat above were moving on May 1 — next week — because they had had a disagreement with Mrs. B. Mrs. C. does not recall that she had any thought associations in the dream, which finally led to Mrs. B.'s entering the flat. For instance, she denies that there was any such association as this: The water dripping down into the sink might have suggested to her the floor of the kitchen, the room below, Mrs. B., and then her entrance into the room on a visit.) *Mrs. B. looked up at the ceiling in the corner of the kitchen near the door leading to the porch.* *She noticed that the ceiling was wet.* *She immediately called Mrs. C.'s attention to this and at once entered into a torrent of abuse of and complaint about the W.'s in the flat above.* (Was there not a relation here between the wet ceiling and the dripping faucet, and between the tirade

against the W.'s and the disagreement Mrs. B. had actually had with them?)

Mrs. C. looked up in surprise at the wet ceiling. While both Mrs. B. and Mrs. C. were gazing at the corner of the ceiling, the latter gave way at the spot where it was wet. Then the plaster from the rest of the ceiling began falling to the kitchen floor. It seemed now that the rear door led not onto the porch but to a bedroom in the rear of the kitchen (just as conditions were in the B—— Street flat, where Mrs. C. had lived for fifteen years, in poverty and misery). She felt that she was now in the kitchen of the B—— Street flat. (It may be noted that in the B—— Street flat it was a common occurrence for water to overflow and run through to and even drip from the ceiling of the room below. Perhaps the wet ceiling at once recalled the B—— Street flat.) The plaster on the rear wall (where, in fact, in the kitchen of the present flat, there was a long clothes closet, but which, in the dream, was between the kitchen and the rear bedroom) began to fall in. The framework, made of perpendicular sticks at intervals of every two or three inches (as most frameworks on buildings are constructed according to Mrs. C.'s knowledge), was exposed in great part. Portions of the framework were even broken down, so that there was an opening directly through the wall into the rear bedroom. There, also, in the bedroom, the ceiling was falling in. The plaster fell all about the kitchen, filled the corners, and, massed together against the door which led from the kitchen to the rear bedroom, prevented the door from being opened. (In the B—— Street flat it was by no means an uncommon occurrence to have pieces of plaster come falling down from the ceiling every now and then, due to repeated leaking of water through the floor of one flat to the ceiling of the flat below.)

Mrs. C. and Mrs. B., frightened, with heads bent and hands above their heads to protect the latter, went screaming, madly rushing past the pantry and bathroom into the dining-room and parlor of the flat. (The flat on B —— Street did not have a pantry, bathroom, dining-room or parlor. The present flat did.) Mrs. C. was now in her present flat. Mrs. B. ran, screaming, down the steps to her flat on the floor below. Mrs. C. stayed in the dining-room of her flat, frightened, but doing her

best to control herself and not make a scene or arouse the neighbors.

L., daughter of Mrs. C., came rushing in from a side room. L. looked about surprisingly calm and collectedly (ordinarily L. is very easily confused and loses control of herself in emergencies), and asked, "What has happened here?" and then said to her mother: "Come on. We can't stay here over night. Let's get our clothes, pack up and get out." Mrs. C. replied, "Certainly. But can we move with this stuff? We can't get it out, and everything is spoiled. I'm going to call up Mrs. B. and make her pay for it." "All right," said her daughter, "bring her up and I will get the clothes and do what I can." Miss L. went boldly into the kitchen in spite of the fact that the plaster was still falling down. She tried the door from the kitchen to the bedroom, but the plaster was so piled up against it on the kitchen floor that the door, which opened into the kitchen, could not be opened. "Let us get through the wall here," shouted L., and, suiting the action to her word, she rushed to the disem-plastered wall, with its exposed framework partially broken down, which separated the kitchen from the rear bedroom. She worked hard and furiously in her efforts to work her way into the bedroom to get the clothes, etc. (Where, in the dream, the rear wall of the kitchen is located, there is, in reality, built against the length of this kitchen wall, a long clothes closet, which projects into the kitchen. The fusion seen in the next portion of the dream is thus easily understood.)

The scene became somewhat more complicated as L. was working to fight her way through the wall. First, she would be smashing the wooden framework of the wall; then she would be pulling clothes from the closet built against the wall (as was the real condition in the kitchen of the flat); back again to breaking through the wall, again snatching clothes from the closet; this repeated over and over again.

As Mrs. C. contemplated the scene of wreckage, this thought came to mind: "Now we must move whether we want to or not." (Remember that the family expected to move shortly.)

Mrs. C. next went down for Mrs. B. "Mrs. B.," she said, "come upstairs. I want to show you how things look. We can't stay here another night. Come up and look at how things

are." Mrs. B., in her usual cool manner, walked up and surveyed the wreck. Mrs. C. called her attention to the conditions present, speaking forcibly and angrily: "Why, the ceilings have fallen in in both rooms. The wall is broken down. Look at the bed in the bedroom. It's all covered with plaster, absolutely spoiled. We can't use it any more. Our furniture in these rooms is spoiled. I won't stand for this. I am not responsible or liable for what happened here. It is your house. You are responsible for this. You can blame the woman in the flat upstairs, but that has nothing to do with me. You will have to make good and pay for all the damage in my home."

Mrs. B., in her usual exasperatingly calm way, replied, coolly and critically: "All right, Mrs. C., I'll pay for it all. Certainly. What do you mean, Mrs. C.? I shall have to pay for all this, you say? Did I spoil it?" Mrs. C. rejoined: "What do you mean, Mrs. B.? Did I spoil it? The house belongs to you and you're responsible. We can't stay here another minute. We'll move this very day." "You are right, Mrs. C.," said Mrs. B. "You don't want much. I don't think I must do what you say." "If the ceiling was in good condition it would not cave in. You don't look after the house properly," answered Mrs. C. (This is, in fact, exactly what Mrs. C. had often told Mrs. B. in the past.) Mrs. B. again replied that she considered herself in no way responsible and thereupon abruptly and stiffly walked from the kitchen to the dining-room and down to her flat below.

At this point L. chided her mother for telling Mrs. B. she would have to pay for all the damages. Mrs. C. explained to her daughter why Mrs. B. should be held accountable. In proof of her standpoint she reminded her daughter that a few months ago one Mrs. S., who lived nearby, left home early one morning and came home later, only to find that all her furniture had been ruined by steam which had escaped from an imperfect valve, and which had, without warning, been turned on that morning for the first time that winter. In this instance the landlord was held responsible and Mrs. S. received payment for the damage to her furniture. The daughter recalled the case. (This was, in fact, true.) "How can we sleep here to-night?" Mrs. C. asked her daughter. "Certainly not," replied L. "We can't stay here to-night. Let us get our

stuff and get out of here." "By no means," said Mrs. C., "we must stay in the flat to-night, at least. Let us put the beds in the parlor for to-night. We've got to leave here to-morrow."

At this point Mrs. C. awoke. The dream scenes at once came to mind. She felt that everything she had dreamt was true and yet could not realize that it was. She got out of bed and went into the kitchen to see if it really was true. All was quiet and in order. She was surprised. She glanced up at the clock. It was 1 A.M. She went back to bed. She was awake for a short time, recalling the dream. {Later she fell asleep. Next day she brought the dream to me and we co-operated in the analysis.

INTERPRETATION OF THIS DREAM

With this dream as a basis, the general principles of the analysis of dreams could be extensively elaborated. However, as I have elsewhere given what I believe to be the essentials of dream interpretation, I shall not endeavor to elaborate the ideas in this place and to give them special application to this case.

We can note in this dream the importance of association and flight of ideas. We appreciate here the rôle of reminiscences of past experiences, of things as they are and used to be. The recent experiences, wishes, fears, dislikes, etc., are well brought into active play. The kaleidoscopic picture with fusions (of ideas and scenes) is shown, with its dependence on rapid association of ideas. The law of chance or probability in the mental world, as determined by past experience and knowledge, is clearly appreciated.

Anticipation and retardation of ideas and scenes can be here found. And certain past experiences, of decided intimacy to the dreamer, but not of a sexual nature, are shown to play a prominent part.

As to the underlying motives here present, there are several. The appeal to the instinct of self-preservation is frequent, pronounced and most dominant. The love of home and family, characteristic of every wife and mother, plays a pronounced rôle.

Perhaps by saying that the dream is, in a way, an ex-

hibition of the mental make-up of the dreamer, and is significant of her self-expression, of her personality, we strike at the very root of the situation.

Let us note especially that we see no psychical repression here, in the sense in which this term is used by the Freudian school; there is no far-fetched symbolism, no particular sexuality; no special infantile or childhood experiences are found to be at the bottom of the dream.

There is no transformation of latent into manifest content. In fact, most of the principles of the Freudian conception of dreams finds little, if any, support here. On the other hand many of them are quite definitely contradicted.

CASE III

DREAM

Mr. E. S. dreamt that his wife G. told him that his five-year old daughter E. was having trouble in swallowing water. With "a lump in his throat," and a palpitating heart, frightened, and fearful lest his daughter had contracted hydrophobia as the result of a recent dog bite, he cried out in terror: "What is that you say?"

ANALYSIS

One week ago little Miss E., five-year old daughter of Mr. E. S., had been bitten by a dog, on the porch of their home. The dog belonged to their next-door neighbor and friend. Although the circumstances were such that it was clearly a case about which one need have no concern, since it seemed that the dog had snapped at the little girl because of the fear that the child, who had passed by the dog while it was eating, might take away its food; nevertheless, Mr. E. S. insisted that no chances should be taken. Accordingly the dog was sent to the dog-pound for observation for fifteen days, and the child was being given the Pasteur treatment for the prevention of rabies. Mr. E. S.'s wife, G., was a very devoted mother, closely guarded her children, and daily kept her husband (who was the family guardian

and protector) informed of the conduct and condition of the children, of whom there were three.

INTERPRETATION

The fear of his child developing rabies was the basis of the dream. This was, of course, determined by the wish for the health and welfare of his child. This, in turn, was dependent on the paternal instinct. I shall not here analyze the origin of the paternal instinct, but it is the instinct of self-preservation which is, indirectly, most fundamental.

There is no indication of the rôle of psychical repression of "unconscious" thoughts, of transformation of latent into manifest content, of symbolism, of sexuality, of infantile and childhood experiences.

CASE IV

DREAM

Mrs. G. dreamt that her daughter S. had left home to look for a position. When she returned home she entered the flat looking very much depressed. She walked into the kitchen, sat down, and on her mother's asking her whether she had obtained the position, she immediately burst out crying. She sobbed out that she had gone to the address given her by the employment agency which was endeavoring to secure a position for her, but that another girl had applied there before her and was successful in securing the position. She had then returned to the office of the employment agency, she sobbingly related, and there she was informed by the manager that in some way or other the other girl must have received information concerning the position in question, that he had not given this information to her nor had he sent the girl to the place, and that he could only say that "some people certainly were mean."

ANALYSIS

Miss S. had left home about 10 A.M. that morning to seek a position with a firm to which she was being sent by an

employment agency. She had arisen rather later than usual that morning, and had left the house somewhat later than she should have done. Her mother bade Miss S. good-bye and wished her luck in her quest. After the daughter had departed, Mrs. G. leaned back in her rocker and, among other thoughts, the thought arose in her mind that her daughter might reach the place too late; that perhaps some other girl might have known about the vacancy and might have applied for the position at an earlier hour that morning. Soon Mrs. G. gradually dozed off and fell asleep. And then she had the dream above related. The fear of what she imagined, in her waking state, might take place, is reproduced as an actuality in her dream.

As an explanation of her daughter's bitter weeping, because of the loss of the position, Mrs. G. recalled that on a previous occasion, some four months ago (since which time Miss S. had remained at home helping with the housework), Miss S. had been discharged from her position for coming late quite regularly every morning. On her return home that evening she came into the kitchen, sat down for awhile, and then suddenly burst out crying, complaining about the loss of her position; declared that fortune was against her, that she was born under an unlucky star, that nothing ever came her way, etc. Moreover, every now and then, when she has suffered keen disappointments and things are looking blue to her, the poor girl finds an outlet in "having a good cry and letting it out of her system" as the mother puts it.

Notice how in this dream the dreamer has made an effort at explaining how it was possible for another girl to have arrived at the position at an earlier hour than her daughter. So far as she knew, in her waking state, her daughter was the only one who was sent to apply for the place of employment in question. Having enacted, as an actual occurrence, her waking fear, she next permits her daughter to elaborate an explanation for this occurrence. She has her daughter tell of a return to the employment agency with the lame explanation offered, in the dream, at the latter place. As a matter of fact no explanation is given in the dream; it is but an attempt at such.

INTERPRETATION

The fear of her daughter not obtaining the position arises from the wish that her daughter would secure employment. (It may be noted that later in the day Miss S. returned with the joyful news that she had been successful in obtaining employment with the concern to which she had been sent.)

The underlying motives may be thus briefly enumerated: The maternal instinct is predominant. Moreover, Miss S. had been out of work for some months, and was now sorely in need of new clothes. Again, the income for the household was rather meager, and if her daughter worked, although she might not contribute anything toward the support of the home, at least she would not have to be supplied with ready cash, etc. Thus we have the instinct of sympathy and altruism, aside from the maternal instinct. The regard for the welfare of the home is explained by the familial instinct, which has a complex origin which need not here be gone into.

It is noteworthy that we have an absence of sexuality, of psychical repression, etc., as elaborated by the Freudian school.

I am well aware that my remarks in the above analyses and interpretations are very brief and superficial. An elaborate analysis of any one of these dreams would lead us far afield. This, I feel, is unnecessary in the presentation of the dreams here reported.

FIFTH ANNUAL MEETING OF THE AMERICAN
PSYCHOPATHOLOGICAL ASSOCIATION

ALBANY, N. Y., May 6, 1914

The President, Dr. Alfred Reginald Allen, in the chair.
The following papers were read:

1. "A Critique of Some Psychoanalytic Postulates."
Dr. TOM A. WILLIAMS, of Washington, D. C.
2. "A Case of Concealed Homosexuality."
Dr. JAMES J. PUTNAM, of Boston, Mass.
3. "Some Psychological Features of Precipitating Causes
in the Psychoses."
Dr. JOHN T. MACCURDY, of New York City, N. Y.
4. "A Personality Study of the Epileptic Constitution."
Dr. L. PIERCE CLARK, of New York City, N. Y.
5. "On the Significance of Un — in the Term Unconscious."
Dr. E. E. SOUTHARD, of Boston, Mass.
6. "Artificial Dreams in Relation to Lying."
Dr. A. A. BRILL, of New York City, N. Y.
7. "The Autonomic Sympathetic and Complex Reac-
tions." Dr. SMITH ELY JELLIFFE, of New York City,
N. Y.
8. "The Psychoanalyst and the Community."
Dr. TRIGANT BURROW, of Baltimore, Md.
9. "A Psychoanalysis of the Stutter Complex, with the
Results of Synthesis."
Dr. W. B. SWIFT, of Boston, Mass.
10. "Some Physiological Correlates of Psychoanalytical
Concepts." Dr. J. S. VAN TESLAAR, of Boston, Mass.
11. "Partial Analysis of a Case of Obsessive Movement."
Dr. SAMUEL LEOPOLD, of Philadelphia, Pa.
12. "Stammering as a Psychoneurosis."
Dr. ISADOR H. CORIAT, of Boston, Mass.
13. "The Psychopathology of the Family."
L. E. EMERSON, Ph.D., of Boston, Mass.

DISCUSSION

No. 3. *Paper by Dr. MacCurdy entitled: "Some Psychological Features of the Precipitating Causes in the Psychoses"*

DR. CORIAT, Boston: Psychoanalytic investigations have made it clear to us that a great many of the so-called precipitating causes are merely flights into disease, either to eliminate painful realities or as a compensation for them, and these painful realities are either the sexual repressions, wishes, conscious or unconscious, or even the surroundings, which react favorably or unfavorably to the individual or to which the individual himself reacts. About a year and a half ago, I pointed out that a similar mechanism took place in Lady Macbeth, in other words, that her hysterical somnambulism was merely a compensation for her own painful realities and for her wishes for a child, and the somnambulism itself was a defence reaction to get rid of these painful realities.

Dr. WHITE, Washington: I have been very much interested in Dr. MacCurdy's paper. Bertschinger, from a similar point of view, several years ago, discussed the ways of getting well. He described the mechanism of getting well in *præcox* and among others the case of the woman who recovered after having a tooth pulled. We all know what this means. We may get recovery in such symbolic ways.

Dr. MACCURDY: Referring briefly to the question of Dr. Meyer, I regret very much I cannot say anything from actual experience of the use of these theories in treatment. These cases, with the exception of two, all came from old records that Dr. Hoch, Dr. Kirby and myself have gone over with a view to making theoretic studies. Personally, I feel that one must be very cautious in applying any of these theories directly in treatment. I feel pretty well satisfied as to the principles established here, but at the same time I think we ought to go further and find that they are invariably, rather than generally, applicable before we apply them directly to the patients themselves in the explanation of their trends. On the other hand, I think there is one

point in this theory which would lead one to suppose that it is not as unsafe as one might think to approach these patients directly. They seem to be able to meet what is brought to them directly, openly and, therefore, we ought, if this theory be correct, to be able to approach the patients with the direct statement of their difficulties and not produce a malignant reaction. I think our experience has been, so far, mainly beneficial from a therapeutic standpoint in getting closer to the patient. I might mention simply the question of the transference. When one has more or less of a psycho'logical understanding of the patient one can make use of the transference. For instance, a man with strong, sexual make-up is capable of almost an infinite amount of domination. If he has not this make-up, his transference is not so strong, and one should be more careful in treatment. I am referring merely to the stage when the patient is confined in an institution and has to be brought under discipline.

No. 6. Paper by Dr. Brill entitled: "Artificial Dreams in Relation to Lying"

Dr. WHITE, Washington: One method which is used is by asking the patient to repeat rapidly ten or a dozen words, it will be found that by moving, hesitations, stumblings, etc., that indications are given for a certain line of approach to the difficulties. With regard to the whole matter of lying, it is very important from many points of view, medical and legal. That which points to a lie may have distinct importance on the trial. It makes little difference how much material you can pile up to show that a person is abnormal, the smallest thing like a lie will damn the whole business. It is as absurd to call a thing a lie, as the calling of certain types of reaction crazy. The lie has its purpose. An explanation should be sought and its place given in the general concept of the whole personality of the individual who is being studied, and only when it is given that place can it be given its proper meaning. The lie has been considered of great importance by the late Dr. Pasquale Penta. He practically maintained the position that every criminal who was simulating was in fact

actually insane, that is how he thought about it. He was the physician in the Neapolitan prison, and all his experience was with actual prisoners. Among criminals and malingerers of one kind or another, who simulate or lie to any extent, that alone is sufficient to make one hunt for something abnormal in the situation.

Dr. MACCURDY, New York: My actual experience with the analysis of artificial dreams is very limited, being confined, in fact, to one case. I also analyzed some imaginative tales written by the same patient, which proved to be, of course, a similar cloaking of his unconscious desires. The artificial dreams showed an even continuity, as Dr. Brill has described them, an absence of that disrupted quality which is such a common occurrence in the dream of sleep. I observed, too, the evidence of resistance to analysis in the tedious, detailed descriptions of such features as were poorly symbolized.

In relation to the question of lying, I might quote the case of a patient I saw recently, where the pathological basis of his deceit was absolutely demonstrable. For twenty-five years of adult life, his habits were those of an abandoned profligate, and he derived his living by all kinds of deceit, having managed to extort several fortunes from his family. Then at the age of forty-three he was induced to give up alcohol. Inside of a month or two he developed a florid paranoia. When in this state not only his lying, but all his other moral irregularities became distasteful to him. Evidently his paranoia now serves to give an outlet to unconscious tendencies which were previously indulged through his social irregularities.

Dr. ALFRED REGINALD ALLEN, Philadelphia, Pa: If I understand your argument, you believe the failure on the part of the criminal to dream to be due to a lack of resistance on his part to wishes, be they criminal or otherwise; desires so flagrantly outrageous that in the ethical person they are suppressed possibly before reaching consciousness.

I would say in this regard that it seems to me absolutely impossible to imagine any criminal of such a degree of degradation that he would accept without effort of censorship any wish into his waking consciousness. Or, for the

sake of argument, admitting such an *outré* concept, I hold that gratification of his wish would be a manifest impossibility, and we would still have the prime factor of dream genesis: lack of wish fulfilment.

I have entertained for sometime the feeling that no man sleeps without dreaming. Of course many times nothing is remembered on awakening. But it is certainly true that practice on the part of the patient in dream analysis developes an increased power of holding the manifest content on awakening.

As to the question of the manufactured or artificial dream. I should like to ask whether you would consider an artificial dream furnished by one well versed in *Traumdeutung* to have the index value that it might possess if offered by a patient who knew nothing of modern psychopathology and who was only trying to deceive the analyst.

I think we all must have noted in most cases of artificial dream much more continuity of thought and sequence of events than we find in the *bona fide* manifest of a true dream.

Dr. BRILL, New York: In looking for complexes by means of the association experiment one has to go through a long and tedious process, and when the complex indicators are found one must resort to continuous associations, while artificial dreams lead directly to the unconscious. I agree with Dr. White that any simulation on the part of any one shows an abnormal trend. I agree with Dr. Allen that we all dream. No one can gratify all his wishes, not even criminals, and, hence, we have dreams; criminals, however, do not repress as much as normal persons and, therefore, do not dream as much.

No. 13. Paper by Dr. Emerson entitled: "The Psychopathology of the Family."

Dr. WALTER B. SWIFT, Boston: Dr. Emerson has said that the first appearance of mind is in giving a sign. This, of course, depends upon definitions. I fail to see why recognition is not mind, and this often comes before the giving of a sign. But perhaps Dr. Emerson would answer, with it is a sign of this recognition!

Another point: Dr. Emerson mentions our influence

upon our children. As I listened to his paper I recalled a way that parents transfer their mental states, of which he made no mention. Children absorb through our speech and acts our states of mind in a way that grown-up people do not. Tense states of mind maintained in a family are absorbed quickly and reacted to without being understood; of course modified by that absorption. We adults in listening to speech look forward, and then to our own connotation of those words. We get the words dry. Little minds, to whom many of these words are meaningless, look for states of mind and attitudes and absorb these. They get the words wet. Thus much of the family psychopathology is transferred by absorption. Of course the prophylactic corollary here is to avoid the mental state. But this I am elaborating elsewhere.

Dr. CORIAT, Boston: I am heartily in sympathy with Dr. Emerson's view-point, and in some material on the mechanism of children I found a great many of these hysterical manifestations of young children arose out of family conflicts.

Dr. EMERSON: In regard to Dr. Swift's remarks as to the power of words it seems to me that words, as such, are of very little importance. It is the attitude of the parents in speaking the words. The nature of the emotion expressed will be very closely a reproduction of the family relationships, the words merely serve as a means of expressing that relation. The important thing is the act, the actual way in which the family conducts itself. If we find a family with kindness and consideration, love and affection ruling, even though there may be a very gross form of speech used as a means of expression, we will find a happy family. Whereas, if we find a family in which the opposite obtains, though the speech may be of the highest and most refined and polite, we will find an emotional attitude in the child to correspond.

REVIEWS

LA VIE INCONSCIENTE ET LES MOUVEMENTS. *Par Theodule Armand Ribot, Membre de l'Institut, Professeur honoraire au Collège de France.* Paris: Félix Alcan, 1914; pp. vi, 172.

This little book of Ribot's, foreshadowed in an article in the *Revue Philosophique* in 1879, expresses capitally the trend of present-day physiopsychology, and is, therefore, more important than its size would presuggest, despite the fame of its extremely productive author, one of the most substantial, of course, of modern psychology-builders. The hypothesis which the monograph supports, simple enough yet of far-reaching value for the theory of behavior, is in the preface: that "the basis, the intimate nature of the unconscious ought not be to deduced from consciousness — which it cannot explain — but should be sought in motor activity, either actual or conserved in a latent state." When one considers deeply and observes widely, there is very much which will appeal to most of the readers of the JOURNAL in this relation of the subconscious and bodily activity "*conservée à l'état latent*"; while the notion of its relations to actual or kinetic movements opens up vistas of conjecture which Bergson and the philosophy of Heraclitus himself cannot at present traverse. In both cases this book adds weighty evidence to the preponderance of kinesthesia in the substance and in the form of mental life — mediator as it surely is between these two aspects of the some-one-thing-which-does-not-appear save thus, — as "body" and as "mind."

The four chapters of Ribot's little work are entitled respectively, "The latent rôle of the motor images," "Movements and unconscious activity," "The problem of thought without images and without words," and "The least effort in psychology." As in many French and other foreign books, much to their impairment, there is no index, and its lack is only slightly met by an ample analytic table of contents where the index should be.

The chapter on the general relations of motor ideas to the mental process does not require extended analysis. It is inherently in line with much recent thought (that, for example, of Bergson) in enlarging on the proof that "every state of consciousness is a complex of which the kinesthetic elements form the stable and resistant part. If a metaphor be allowed, they are its skeleton. They assure its permanence." As Münsterberg, Godfernaux, Claparède, etc., have emphasized, every association is an association of *movements*, for on no other basis is the mental

process related or relatable to life as we know it. "It seems to me," says the author, "that what persists [as the unconscious part of mind] is the kinesthetic portion of the conscious states — the motor representations — because observation shows that the motor phenomena more than all the others have a tendency to organize and to solidify themselves. *The unconscious is an accumulator of energy*; it saves so that consciousness can spend."

Ribot's discussion here of the still polemic question if thought can proceed without images and without words is brief but trenchant, and to the point. Obviously only refusal to admit the sub-conscious phases of mentation can deny the dependence of thinking as conceptualization on motor processes. These two relics of uninformation will die out together. "All the partisans of thought without 'images' have taken far too simple an attitude; they lock themselves closely in consciousness and refuse to leave it. They forget the unconscious activities whose mental value is very great, and which can carry on the thought-process in the absence of every conscious representation." The theses of Stout, Binet, and Marbe are briefly considered and certain phases of the metaphysical mysticism of Plotinus, Spinoza, etc.

The last thirty-eight pages of the book are devoted to a discussion of the psychophysiology of mental inertia, less in degree and different in nature from abulia. In days when we are beginning to realize the vast practical importance, not of "saving steps," but of making many more than some of us actually have to make, of abundant exercise, mental and physical, this topic is timely. Any thoughtful work on effort in relation to fatigue and the foundations of efficiency, bears its own obvious sanction.

Altogether this latest book of the venerablescent Ribot merits more attention than it is apt to receive in England and America until translated.

GEORGE V. N. DEARBORN.

Tufts Medical School.

THE UNCONSCIOUS. *Morton Prince, M.D.* New York, The Macmillan Co., 1914.

The fact is dawning, we may venture to hope, even on the purblind vision of the incumbents of academic chairs, that the purely introspective psychology to which they are so firmly addicted, is an extremely silly affair; that, in fact, the field of awareness which introspection is able to survey is related to the actual

psychic processes, almost precisely as the surface toss of wave and foam is related to the dynamic thrust and counterthrust of the masses of water which lie beneath. In these latter alone can the operative causes of the mere surface play be discovered. The present volume extends significantly the fabric of this better psychology which has been building in recent years — the psychology that is a *science*.

Dr. Prince divides the province of the psychic into (a) the conscious (the field of introspective awareness or of attention); (b) the subconscious, consisting of (1) the coconscious (the field of what are frequently called "subconscious ideas," "subconscious mind," etc.); (2) the unconscious, comprising (a) conserved dormant neurograms or neural dispositions; (b) active functioning neurograms or neural processes (sometimes called "unconscious processes").

Mental life can be explained if conscious, coconscious and unconscious processes are taken into account. And the volume is mainly devoted to phenomena produced by the interaction between processes of these three groups.

In the first chapter the author deals with "memory as a process" whereby "past experience is *registered, conserved, and reproduced*, whether such reproduction be in consciousness or below the surface of consciousness. . . . *Conscious memory is only a particular type of memory.*" Experiences are registered and conserved by neurograms which are responsible for "the building up of the unconscious as the storehouse of the mind." The author finds, as Freud has found, that very, very much of past experiences is conserved in memory which nevertheless cannot be voluntarily recalled at a given moment or in a given "state" of mind. Such memories are nevertheless operating subconsciously at the very time when they cannot be called up to introspection, and they participate in determining what the conscious state of mind shall be. And one of the chief interests of the volume lies in the demonstration of how these subconscious processes modify the conscious mind. That these non-introspectible experiences are in fact conserved can be independently demonstrated by a certain psychical device (apart from which they come up spontaneously in other states of mind).

This device is to induce a state of abstraction or light hypnosis. It seems to the reviewer that this is probably very similar to the state of abstraction which Freud employs in psychoanalysis, in which the control of the "censor" is more or less suspended. The state of abstraction shows varying depths, and can pass over

into hypnosis; and the dream state is apparently at the far end of the same series. It is significant that these modern, successful psychiatrists employ this state not in order to insert a foreign "suggestion" into the psyche of the patient, but in order to bring out, discuss, and *reconcile* with one another the ideas, impulses and other such *Regungen* which are already present in the patient — at one or another of his mental levels. Dr. Prince insists more than does Dr. Freud that very different states are possible at one and the same *level*, and that the state of abstraction can be employed to arrive at collateral states of mind within the same level. Thus "moods" are clearly very different from one another and yet all at the fully conscious level, and they are induced by different processes going on in the subconscious, as is very interestingly brought out in the chapter on Emotional Conflicts (XVI). The facts described in this volume were in good part derived from the employment of the state of abstraction, together with clinical observations on dissociated personality, etc.

The scope and significance of the work can be well illustrated in three of the topics discussed: — the meaning of ideas, phobias and obsessions, and emotional conflicts.

As to meaning: "Perception is made up of a primary sensory image of an object combined with a number of secondary images [remembered]. This in itself is a 'psychic whole' and, as I view it, contains meaning" (p. 327). Now there are further associated complexes below the level of consciousness which form the "setting" of the perception. "This setting in more general terms may be regarded as the attitude of mind, point of view, interest, etc." (p. 321). This setting or context "as a process determines what [secondary] images shall become incorporated with sensations to form the nucleus of the perception." In other words the subconscious setting or attitude determines what secondary images shall be combined with an immediate sensation to give meaning to the latter and to fill it out into a perception. That the subconscious setting does determine the secondary images (and so the meaning) of perceptions is clear from the cases cited (and clear also from the work of the Würzburg School, on *Aufgabe*). Typical cases are given in which this theory readily explains totally unexpected meanings which patients frequently attach to the most trivial experiences. The theory is as important, and as adequate, to normal as to abnormal psychology. "It is obvious that in everyday life, when by arguments, persuasion, suggestion, punishment, exhortation, or prayer we change the viewpoint of a

person, we do so by building up complexes which shall act as settings and give new meanings to his ideas" (p. 368).

Dr. Prince explains obsessions and phobias by means of functioning subconscious complexes. The ideas of such complexes (the settings) do not enter consciousness, but their emotional portion does or the emotion and a part of the setting. If the subconscious complex is a persistent one the patient suffers from an obsession. But certain associated sensory experiences or ideas are needed as stimuli to rouse the subconscious complex into activity; its emotion then comes to consciousness and erroneously seems alone to be directly related to the stimulus that really aroused a subconscious complex. And this is the general mechanism of phobia. Thus, a patient had a phobia for church-bells, but in fact the latter served merely to arouse a subconscious complex involving an exaggerated self-reproach and fear of blame. This fear came into consciousness and seemed to derive directly from the church-bells. That this subconscious complex was really active in the matter is shown by the fact that during a so far fruitless attempt to probe into the phobia, the patient's hand spontaneously began an automatic writing which gave an important clue to the actual cause (p. 391). The same patient later acquired a phobia for a certain past experience, and this was due to the same semi-chronic but subconscious process of self-reproach. Both phobias disappeared when this self-reproach was brought up and shown to be unfounded. This view is clearly closer to the facts than Freud's theory that a suppressed complex leaves a "free floating" emotion that is ready to attach itself to any idea in the upper consciousness.

The two chapters on conflicts are perhaps the most interesting in the book; but they are hard to summarize. Conflicting instincts, sentiments, or emotions lead to dissociation of mental complexes and in serious cases to a disruption of the personality. Some of the memories, interests, etc., become organized around one of the conflicting instincts or emotions, and others around the other instinct or emotion. A line of cleavage is thus introduced, and the dissociation may go to almost any degree: and there may be several such dissociated groups, each centering around a different instinct or emotion (or, as Freud would too summarily say, "wish"). At any time one or another of these groups will be actively in function, the others in abeyance (subconscious): and the rotation of function among these groups produces in mild cases change of "mood," etc; in extreme cases it produces alternation of personality. This is the general scheme and it is re-

markable how much insight it gives into the mechanism of otherwise very baffling psychological phenomena;—impulsions, amnesias, hysterical anæsthesias, and every form of psychic instability. There can be little doubt that the most important and immediate advances in psychology are to be made through further work in precisely this field of conflict.

This review has by no means revealed the full scope or importance of "The Unconscious." But it may serve to justify the general hint that this is a volume which deserves to be read by all who are interested in psychology, whether normal or abnormal.

EDWIN B. HOLT.

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PAIN: ITS ORIGIN, CONDUCTION, PERCEPTION AND DIAGNOSTIC SIGNIFICANCE. *By Richard J. Behan, M.D.* New York and London: D. Appleton and Company, 1914; pp. xxviii, 920.

This work is perhaps the most comprehensive treatise on the clinical aspects of pain published so far in the English language, for it includes, as it should of course, an adequate discussion (135 pages) of the psychophysiology of pain, while one hundred and ninety-one illustrations and many diagnostic charts illuminate, amplify and sometimes clarify, the text.

The eight hundred and sixty-nine pages of the proper body of the book are divided up into thirty-five chapters, the first seven of which are of special interest to abnormal psychology, since they deal with certain important general considerations of this form of sensation, its various qualities, its distribution, and its classification.

That the author, like many before him, has been theoretically swallowed up in the shallow quagmire of algodonic doctrines is not surprising, for he seems to have no clear position of his own, his feet being quite a bit above the really solid hardpan of physiologic sensationism. On page 13, "pain is distinctly a mental interpretation, and cannot be strictly defined. It is the interpretation of some abnormal and generally harmful process which is occurring in the organism. It cannot be classed as a sensation,——" etc., and the third chapter is entitled, "Distribution of the Sensation of Pain." Two pages further on he states: "It is inconceivable that two such opposites as these [pleasure-sensation and pain] could exist in consciousness at the same time. . . . We experience either pleasure or pain; there is no halfway stop where the one counteracts

the other, giving rise to a state neither of pleasure nor of pain, but of neutrality." Of course both of these statements are open to much doubt,—nearly every married woman, for example, would be able to deny the former; and the greater part of our moments of experience are refutation to every mother's son of us of the latter. In short, Behan follows the elderly crowd, ignoring the anatomic and physiologic evidence that pain is a sensation pure and relatively simple, and no harder to understand *as* a sensation than is heat or cold or blue or red, or any other of the numerous experiences known to all, which have aspects of opposition, yes of contrariety, and yet are subject to the universal law of continuity under certain obscure conditions. It is hard to understand why so many writers still are so slow to see that the one only respect (and that a purely accidental and metaphysical respect) in which unpleasantness is like pain (and pleasantness like pleasure) is that purposive development, evolutionary teleology requires that in the long run unpleasantness and pain are wished away by every individual, and pleasure and pleasantness wished to stay. When pain is understood to be different in kind from dysphoria, and euphoria from pleasure—only then will true physiologic progress be made in the unraveling of feeling, man's efficient motivity. It seems not to aid the matter any to classify pains as "subjective" and "objective"—and the metaphysics implicated is most confusing and inconsistent. Pain which were not subjective would trouble our patients but little!

But certainly Behan's chief interests and largest results are not academically psychologic, but clinical. For all the average practitioner of medicine cares (alas! however, that it still is so), pain might be shown to be the esoteric transubstantiation of Satanophany itself,—what he wishes for his six dollars (the price of this useful book, in cloth) is practical advice of a diagnostic sort about the aches and pains of his actual and potential patients. This the present treatise affords him in large measure, and in much variety and detail. There is noticeable perhaps a certain amount of confusion in the arrangement of the discussions, and yet perhaps there is no more than the complex interrelation of the subject necessitates.

The various pains and aches are treated under the headings of the respective organs and again by the regions in which they are caused or to which they are referred; their treatment is here catholic and sane. There are few or no diagnosticians who would not find much to his interest and benefit in these practical pages, nearly seven hundred in number.

Head's famous work on referred pain and that, no less famous or important, of Head, Sherren, Rivers, Thompson on the sensory "systems," is adequately set forth both with text and picture.

There is, therefore, a considerable amount of good physiology and neurology in the book, with its hundreds of quotations from first-hand and later sources. Not the least valuable part of the work is a compendious bibliography of about twelve hundred items, from which one misses nothing unless it be some of the "classic" writers such as Spencer, Darwin, Hamilton, Beaunis. An ample index is at one end of the book and a useful detailed table of contents at the other. Altogether the work is a valuable one for each of the great multitude of medical men and women, not only for its practical values, but because it is a contribution to what the profession at present needs most of all things — psychology.

GEORGE V. N. DEARBORN.

CORRESPONDENCE

DR. HABERMAN AND PSYCHOANALYSIS

EDITOR JOURNAL ABNORMAL PSYCHOLOGY:

Dr. Haberman's article in the October-November issue of the JOURNAL OF ABNORMAL PSYCHOLOGY contains much sane criticism of psychoanalysis. This is done without belittling its real merits. It is to be hoped that the medical men, to whom this criticism applies, will take it to heart in a scientific way. The lesson to be drawn is, that medical men are unfit to attempt such work unless they have had a thorough grounding in the principles of General, Physiological and Experimental Psychology. This is borne out by the fact that in the present discussion nearly all psychologists are found on the sane side of the question and have not been carried away by the Freudian wave. The same remark applies to those physicians who have received proper training in psychology. All of this is a most potent argument for better psychological education in our medical schools. It is the ignorant who are most liable to run after fads.

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THE JOURNAL OF ABNORMAL PSYCHOLOGY

FREUD AND HIS SCHOOL

NEW PATHS OF PSYCHOLOGY

BY A. W. VAN RENTERGHEM, M.D., AMSTERDAM

THERE is no need to explain that in the discussion of so young a subject as psychoanalysis, words which are easily misunderstood are necessarily used.

Indeed, the same word frequently serves as the symbol for very diverse ideas. I need merely to point to the word "suggestion," and to recall the conflict over the meaning of that word in learned bodies such as the "Société de Neurologie de Paris" and the "Société Belge de Neurologie" in their meetings held in 1908 and 1909.

A misunderstanding of this sort is expressed in the squib: "What is Freud after with his analysis? Let me see! Don't we all analyze our patients?" which I heard last year from the mouth of no less a person than Bernheim, when we met at Munich at a meeting of the "International Gesellschaft für Medizinische Psychologie und Psychotherapie."

Most certainly we doctors analyze our patients. No examination is conceivable without analysis. No analysis of a sick person is complete without gauging his psyche. And where knowledge of the mental and spiritual life is especially needed, the physical methods are of less use than the psychical methods.

By gaining the patient's confidence, by examining the sick person, by hearing his confession, by studying his environment, we arrive much further toward an understanding of his condition and not infrequently we can construct an appropriate therapy merely upon the foundation of the data thus obtained.

Here, direct and indirect suggestion, explanation, persuasion, stimulation, calming, encouragement, correction, distraction, regulation of work, dietetics, etc., are always shown to be positively of pronounced palliative use, and in many cases they effect cures.

But frequently one must dig deeper to penetrate to the root of the patient's suffering, and with the above-mentioned methods we do not reach down far enough. Only that of which the patient is conscious can he communicate to us. Here we need to find the path to the deeper strata of the psyche and to learn what stays hidden there.

All irritations which affect the person from his earliest youth up leave behind them in his brain an impression, and are retained. These impressions are more or less susceptible of being brought into the memory, into the consciousness. The impressions and complexes of ideas, which cannot be brought into consciousness by spontaneous recollection or by ordinary or emphatic examination, must be considered as belonging to the darkest domain of the subconscious.

Under the threshold of the consciousness, the germs of the nervous sick-processes, the neuroses and psychoses have their dwelling place. To trace these, to bring them to light, that is, into the consciousness, is the further task of the physician. Thus diseased-states are cured, hallucinations give way to normality. This treatment and the technic necessary for it is what we owe to the Viennese professor, Dr. Sigmund Freud, the gifted investigator into the territory of the pathogenesis of the functional nerve sicknesses. He gave the name Psychoanalysis to this investigation.

Nevertheless, to Dr. Joseph Breuer, an old Viennese physician, honor is due for having given the first impetus toward the formation of a new theory of the nature of hysteria and also of a theory of a rational treatment of this disease which until then had had a bad name. This disease was consequently most inadequately treated by the physician and even frequently ignored. But after Breuer had pointed out the way to the new path, wherein psychology stood waiting to be led, he let the thing drop. Freud, with youthful fervor and without troubling over

the entire lack of sympathy of the medical world toward his efforts and results, took upon himself the guidance of the theory.

In 1895, with the publications of Freud's first work, "*Studien über Hysteria*," in collaboration with Breuer, Freud met the same fate as did Liébeault in 1866. At first he found no public. Little or no notice was taken of his revolutionary ideas about hysteria. The old order of things calmly went on. His following publication, "*Sammlung kleiner Geschriften zur Neurosenlehre*" (1893-1906), wherein observations are made, of the greatest importance in psychiatry, was met by a dead silence. The author was ridiculed for his "*Die Traumdeutung*" (1900-1909-1912), which furnishes us with the first actual psychology of the dream. But when his "*Drei Abhandlungen zur Sexual Theorie*" sought to bring light into the psychology of the sex life, a storm of abuse burst forth upon the innovator. The indignation took the form of taunts and raillery, certainly a very unscientific method of controversy, one which is generally pursued when real contra-arguments are lacking.

History always repeats itself. Hearing that at the congress of the Southwestern German Psychiatrists, held in 1911 at Baden-Baden, the Freudians had been described as suffering from an "epidemic mental disturbance among physicians" by Hoche, a Freiburg professor of psychiatry, in a speech which was loudly cheered; I called to mind the experience of Dr. Moll in 1887 at a gathering of the Berlin Medical Society, when he took upon himself the defense of hypnotism as a method of cure. He was scornfully answered by the president, Professor Ewald, that hypnotic suggestion could not be a scientific method but merely a method of treatment in the hands of charlatans and quacks. I also recall the naïve remark of Pierre Janet at the International Congress of Psychiatry held in Amsterdam in 1907: "It is true that I have not read Freud's works [the fact is, he does not know the German language], but as for his theories, they're a poor joke, that's all."

That condemnations of this sort should be expressed

by investigators who had not put themselves to the trouble of studying the question thoroughly is human, but all the more serious, because in cases where these men have a leading place in the scientific world, they on that account prevent the great majority who, like *les moutons de Panurge*, follow the shepherd, from following the right trail.

After Freud, in September, 1909, at Worcester, Mass., on the occasion of the celebration of the twentieth anniversary of the founding of Clark University, presented his "Fünf Vorlesungen über Psychoanalyse," a movement in favor of his teachings became more and more apparent.

That Freud's ideas have found their way into our country as well, is shown by the Dutch edition of his "Fünf Vorlesungen über Psychoanalyse," and by the article, "Nieuwe Droomexperimenten," etc., by Johan Stärcke, and two notices, one by Aug. Stärcke and one by Prof. Dr. L. Bouman: "De Psychoanalyse van Theoretisch-Standpunt" and "De Psychoanalyse van Freud," all of which were published in "De Neurologische en Psychiatrische Bladen," 1912, Nos. 2 and 3. The last two articles give a clear summary of the present-day state of the question and bear witness to the esteem of the authors for the founder of the new teaching.

In 1905, the Zürich school allied itself with Freud's teaching. Bleuler, who succeeded Forel as professor of psychiatry and medical director of the cantonal insane asylum "Burghölzli" at Zürich, having become convinced that no solution could be arrived at along the anatomical path, for the many riddles offered by the disturbed mental life, had for some years chosen the psychological path. He was led to take this course because he knew that of the chronic inmates of the asylum, only about one-fifth showed anatomical changes of the central nervous system, sufficient to explain the mental deviations exhibited. Following in the footsteps of Liébeault, Bernheim and Forel, he applied hypnosis and suggestion, he made a study of the pathogenesis of functional nervous diseases, he considered the theories of Charcot, Pierre Janet and Freud, and he succeeded in making of his

asylum a school for young psychiatrists, who with him undertook an earnest study of dementia præcox, hysteria, etc. He put the fruits of his researches, among other things, into his elaborated work "Die Schizophrenien" in the great "Sammelwerk von Aschaffenburg." Another article of his, well worth reading, is published in the "Jahrbuch für Psychoanalytische Forschungen." Bd. II (1910): "Die Psychoanalyse Freuds." Because of his respect for the gifted investigator he defends him in this article against his opponents, but at the same time he points out the weak sides of his teaching and those parts with which he is not entirely in harmony.

Jung, Riklin, Maeder and Binswanger assisted Bleuler. With youthful zeal they eagerly made use of the opportunity here given them for independent research in the rich material of the Burghölzli. Of the writings which contain the results of the labor of the Zürich school, I place first "Über die Psychologie der Dementia Præcox" by Dr. C. G. Jung and "Diagnostische Associations Studiëen," produced with the co-operation and under the direction of Bleuler and Jung.

Among Bleuler's pupils, Jung very soon stood out as an independent investigator.

He took his doctor's degree at Basel in 1902, with an article "Zur Psychologie und Pathologie sogenannter occulter Phenomene," the material for which he had collected when a young student. Even at that time he felt drawn toward the psychology of the subconscious. Immediately after his promotion he obtained an assistantship with Bleuler, and became the latter's most valuable fellow worker. Soon afterwards he took charge of the polyclinic for hypnotism and suggestion-therapy, established by Forel, and not long after he began to use the Freudian psychoanalysis.

In the introduction to his book "Über die Psychologie der Dementia Præcox" he explains his relation to Freud as follows:

"I became acquainted with Freud through reading his books. By chance his "Traumdeutung" was the first to fall into my hands, then this led me to the study of his other works. You may be sure that I have had to fight with my-

self from the very first and that I, too, have felt the same scruples and objections rising in me which are brought forward in the articles against Freud. I had to say to myself that only those can judge or refute Freud who have used for a long time the psychoanalytical method and who have investigated as Freud investigated; in other words, only those who have studied long and patiently his method of daily life, hysteria and dreams. Who does not do that, or cannot do it, cannot judge Freud. If he does, he behaves just like the famous men of science who scorned to look through Galileo's telescope.

To act with justice toward Freud does not mean, as many fear, submitting one's self unconditionally to a dogma. One can be just and still render an independent judgment. Because I accept the complex-mechanism of the dream and of hysteria, it does not mean in the least that I attach to the sexual trauma in youth the exclusive importance which Freud apparently ascribes to it; just as little does it mean that I bring sexuality so excessively into the foreground or ascribe to it the psychological universality that Freud does under the influence, apparently, of the doubtless important rôle which sexuality plays in the psyche. As far as the Freudian therapy is concerned, at best it is one among the possible methods of cure and perhaps does not always fulfil the expectations which, in theory, have been formed of it. But those are merely side issues which are not of importance compared to the basic psychological elements, the discovery of which constitutes Freud's greatest service, and toward which the critic has devoted by far too little attention. Whoever wishes to be just to Freud should take to heart the words of Erasmus:

"Unumquemque move lapidem, omnia experire nihil intentatum relinque."

In 1911, Jung resigned as asylum physician and established himself at Kussnacht (Zürich) in order to devote his entire time to the study and practice of psychoanalysis. Since 1906 he has taught as *privatdocent* of psychiatry at the University of Zürich: *capita selecta* of psychoanalysis. He may be justly considered the soul of the Zürich school, which, side by side with the Viennese school, is endeavoring

to put Freud's ideas into practice; and striving to fill in the gaps and to procure new materials for the completion of the creation.

It is very difficult to give a concise, clear and understandable idea of Freud's teachings, because the various subdivisions are each so involved. For those who, as yet, are unacquainted with this subject, a good introduction is the five lectures given by Freud in Worcester, and recently published in Dutch by Dr. Van Emden. It is also worth while to become acquainted with the brilliant exposition of the trauma-theory and of the sexual theory by Dr. Jung, from whose "*Neue Bahnen der Psychologie*" I take the following extract:

"As far back as Charcot's time, it was known that the neurotic symptom is psychogenic; that its origin is to be found in the soul-life. It was also a matter of knowledge, thanks to the teachings of the Liébeault school, that every hysterical symptom can be reproduced exactly by means of suggestion. But what was not known was how an hysterical symptom arose in the soul-life; the psychic causal bond being absolutely unknown.

In 1881, an old practising physician, Dr. Joseph Breuer of Vienna, made a discovery which has really led to the evolution of the new psychology. He had under his care a very intelligent young woman suffering from hysteria, who exhibited the following phenomena: lameness of the right arm, now and again "absences" or hazy states and combined with that a systematic aphasia; she had lost the power of expressing herself in her mother tongue, and when speaking could use only the English language. They attempted at that time, and even to-day are attempting, to explain these disturbances along the anatomical path, notwithstanding the fact that in the brain localizations of the arm functions just as little disturbance existed as in the centrum of the arm movement of any normal man, who boxes another man's ears. The study of the phenomena of hysteria is full of anatomical impossibilities.

A lady who suffered from hysterical deafness often sang. Once, when she was singing the doctor, without being noticed, sat down at the piano and softly accompanied her;

at the transition from one strophe to another, he suddenly changed to a different tune. Thereupon the patient, without perceiving that she did so, continued singing in the tune he had indicated. Thus she heard and she did not hear. The different types of systematic blindness exhibit phenomena conforming to them. A man suffers from a complete hysterical blindness. During the course of treatment, his power of sight is restored; but at first, and for some time, only partially so; for example, he sees people with the exception of their heads. He sees all the people around him without heads. So here it is the same thing; he sees and he does not see. A great number of similar experiences have made it apparent that in these cases only the consciousness of the patient does not see and does not hear, while the sense function is meanwhile intact. In such cases there is no question of organic suffering, because suffering of that sort always brings with it disturbances in the function.

To return to Breuer's case: organic causes were not at the root of the disturbance; therefore this was a case of hysteria, that is to say, a case of psychogenic sickness. It became apparent to Dr. Breuer that whenever he allowed the patient, while in an artificially produced (*heterohypnose*) or a spontaneous hazy state (*auto-hypnose*), to tell what reminiscences or phantasies crowded in upon her, she felt much relieved for some hours. Afterward he was able to abstract the valuable part of these observations and to use them in further treatment. The patient herself thought of an appropriate name for it: "talking cure" or, as a joke, "chimney sweeping." The sufferer had grown ill while nursing her father in a serious illness. As may easily be understood her phantasies were for the most part engaged with this tense period. Memories of this period came to light during the hazy state with photographic fidelity, and indeed with such exactness that one was forced to assume that in her waking state her memory would not have been able to recall the images so plastically and completely. The name of *hypermnésie* is given to this condition of heightened consciousness. Remarkable things came to light. One of the many stories was written down. (Breuer und Freud. "Studien über Hysterie." Page 10.)

One night while Anna (the patient) was watching by her father, who was in bed with a high temperature, she sank into a state of waking dreams. They were expecting from Vienna a surgeon who was coming to perform an operation. She was seated beside her father's bed, letting her right arm hang over the back of the chair. Her mother had just left the room. While in this position, it seemed to her as if she saw a snake moving from the wall toward the sick man to bite him. (Very probably a snake was once seen by the girl in the meadow behind the house, which had frightened her. This, therefore, furnished her with the material for the hallucination.) She wanted to chase the animal away but felt as if she were paralyzed; her arm which hung over the back of the chair had "gone to sleep," and was powerless and insensible. When she looked at her arm she saw her fingers changing into little snakes with skulls (the nails). Probably she attempted to chase away the snake with her right hand, and therefore the insensitiveness and powerlessness of the limb was impressed upon her, in connection with the snake-hallucination. After the snake disappeared she tried to pray in her anguish, she tried to speak, but could find no words, until finally she succeeded in saying an English nursery rhyme, and then she was able to continue thinking and praying in the English language. The paralysis and the systematic speech disturbance arising during this scene disappeared as she told about it. In a similar manner other phenomena disappeared and thus the cure of the case came about.

I must stop with this example. A number of examples of a similar nature appear in the description of the history of the illness, given by Breuer and Freud. That such scenes make an impression is something every one will understand, and the inclination for bringing such impressions into causal connection with the origin of the morbid phenomena is furnished us.

In the knowledge of hysteria of that time, the nervous shock of the English writers was held to be the effectual moment. Charcot shared this opinion. It also seemed adapted to illustrate Breuer's discovery. The trauma-doctrine had its genesis in this. This latter held that the

hysterical symptom and (in as far as the symptoms make the sickness) hysteria in general arise because of psychic wounds (traumata) the impress of which continues to exist for years. Freud, at that time Breuer's co-worker, found this discovery proved again and again. It appeared that no single one of the many hundreds of hysterical symptoms simply descended from above, but were caused by psychic occurrences. A broad field for empirical work was opened before this new idea.

But Freud's restless, active, investigating spirit could not long remain satisfied with this superficial explanation. The problem seemed to him to be more involved and to have deeper roots. It is easily understood that such anxious moments as the one experienced by Breuer's patient might leave a lasting impression. But how does it come about that such a person experiences anxious moments which so clearly bear the signs of morbidness? Can it be said that the hard task of nursing produces them? Were that the case, then such moments would appear much more frequently. Continued nursings which demand much from the sisters of the sick are not so infrequent and the constitution is probably not always as strong as might be desired. Medical science solves the question by holding the disposition to blame. Man is fore-ordained to things. But Freud did not allow himself to be satisfied with that, he put the question to himself — of what does the disposition consist? This question led him logically to an investigation of all that had preceded the psychic trauma. How frequently one sees that events show very different reactions in different people, that they affect them differently, and that things which to one are pleasant, or, at least, a matter of indifference, affect another unpleasantly and fill him with disgust. One needs only to think of the reaction of various people to frogs, snakes, spiders, mice, cats, etc. There are women who assist at a bloody operation skilfully and bravely, and yet tremble with fear when a cat comes near them or when a mouse shows himself in their neighborhood. I have a case in mind of a young lady who suffered violent hysteria arising from a severe fright.

After having spent the evening at a party, toward

midnight she started home in company with some acquaintances, when suddenly a carriage with a pair of horses came behind her at a quick gallop. Her acquaintances got out of the way, but she — completely out of her senses from fear — remained in the middle of the street and ran along in front of the horses. The coachman cracked his whip and swore, but in vain; she ran like a madwoman down the long, endless street which led to a bridge. Here her strength gave out and without doubt she, so as not to get under the horses, would have leaped into the river, had passers-by not prevented it. First, we must know that the same young lady some time before at St. Petersburg, during a popular uprising had by chance gone into the very street which then was being cleared of the rebels with musketry, by the troops. Right and left men fell down dead or wounded, near her. But she had kept her self-possession and had been able to escape through an open door which brought her in safety to another street. These terrifying moments had no injurious after-results for her. She felt very well afterwards, indeed, really better than she had before.

A course of events of this nature is not so unusual as might be thought. One may conclude from it that the intensity of the trauma as such has no significance which might cause illness, but that the unusual circumstances are pathogenic troubles. Perhaps there is a key here which possibly may give us access to the disposition, at least access to one of its outer portals.

In the case in question, is it not worth our while to inquire what the unusual features of the carriage scene are?

The lady was frightened when she heard the horses coming up behind her at a quick gallop; for a moment it seemed to her as if something horrible were about to happen, as if she were threatened with death or with something terrible; after that she lost her wits.

The effectual moment is clearly hidden behind the horses. The predisposition of the patient to react to this unimportant thing in so unaccountable a manner must lie, therefore, in the fact that horses have an unusual significance for her. The suspicion is justified that perhaps she had had some dangerous experience with horses. This has

indeed been the case. When a child of seven she was seated once in a carriage when the horses shied, went into a ditch and made for the steep banks of a deep river at a mad gallop. The coachman leaped from the box and cried to her to do the same, but being in deadly fear she could not decide to do so. At the very last moment she leaped from the carriage which at the same instant fell with horses and all into the river. That such an accident leaves behind deep traces in the memory needs no argument, but explains in no way the immoderate reaction which years afterwards resulted from so slight an appearance of danger.

The only thing which is certain is that the latter phenomena had had its prelude in childhood.

The pathology of the case up until now remains hidden in darkness. To penetrate the mystery we must know more.

We have now learned from experience that in all cases of hysteria as yet analyzed, besides the psychic trauma, there is a special action which we cannot explain otherwise than as a disturbance in the sphere of love.

It is a well-known fact that love has an elastic conception, which stretches from heaven to hell, uniting in itself good and evil, nobleness and baseness.

This knowledge caused an important change in Freud's conception; although he had investigated previously more or less under the influence of Charcot's trauma-doctrine with the view of finding in the traumatic events of life, the causes of neurosis, now he pushed the creed of the question to another point.

The story of the sickness in question serves us further as an example.

That horses might play a special rôle in the life of our patient we can well understand, but as yet we do not understand the so exaggerated involuntary later reaction.

The agent which causes the illness is positively not at bottom fear of horses, it must lurk somewhere else. Are we perhaps to look for it in the above-mentioned sphere of love? The lady is acquainted with a young man to whom she is considering becoming engaged. She has an affection for him and hopes to be happy with him. For the moment

we are not successful in obtaining further particulars. Meanwhile the physician need not consider himself defeated when in a superficial investigation he obtains a superficial result. If the direct way does not lead to the goal, there are still indirect methods at his service. Let us, therefore, mentally return to the strange moment, when the lady ran along in front of the horses, let us ascertain what persons accompanied her on her way home, and what festive occasion it was in which she had been taking part. It seems to have been a farewell supper for her best friend who, because of nervous prostration, was just leaving for a foreign watering-place. The friend is married, happily married we hear, and the mother of a child. We do not put any faith in the assertion that she is happy in her marriage. Were this really so, then she presumably would not have become so nervous as to make it necessary for her to undergo a cure. From closer inquiry, I learnt that when the patient had been overtaken by her acquaintances she had been carried by them to the nearest house. This house, it now came out, was that of the host. In her exhausted condition, she found there a hospitable reception. Having arrived as far as this, the patient interrupted her story and attempted to speak of something else. Clearly there was some sort of unpleasant memory at this point, which suddenly came up in her mind. It came to light, after serious resistance on her side had been conquered, that something else, truly remarkable also, had taken place the same night; the friendly host had made her a fiery declaration of love, from which a situation had arisen which — taking the hostess's absence into consideration — might well be called painful. According to her statement, the declaration of love had been as unexpected as a bolt of lightning from the sky. If we submit similar assertions to the light of criticism, then we soon come to the decision that things of that description never fall suddenly from the clouds, but always have their previous history. A week-long analysis made it possible to discover, bit by bit, a whole continuous life history, which I put together in this way.

When the patient was a child she was a true tomboy, crazy for wild-boy games, caring nothing for girl things.

When puberty drew near and she had come in touch with the erotic question, however so very little, she began to shun all company, hated and was suspicious of everything which could in the slightest remind her of the biological destination of humanity, and lived in a world of phantasy which had nothing in common with the brutal truth. Thus, up until her twenty-fourth year she escaped all little adventures, wishes and expectations which otherwise generally keep a woman of this age busy. (Women are, so far as this subject is concerned, frequently remarkably insincere as much toward themselves as toward the physician.) At this age she made the acquaintance of two gentlemen who were able to find a way to break through her growing thorns. Mr. A. was the husband of her best friend. Mr. B. was an unmarried friend of the first mentioned. Both pleased her. But it soon appeared that Mr. B. was encouraged the most. Soon there sprang up between her and Mr. B. a very confidential relation and an engagement was considered imminent. Because of the relation to Mr. B. and because of her friend Mrs. A. she frequently was in the society of Mr. A., whose presence often excited her in an inexplicable manner and made her nervous. At this time it happened that she was invited to a large party, and met there her friend and both the gentlemen. Sunk in thought, she dreamily played with her ring, which suddenly slipped from her hand and rolled on the floor. Immediately both gentlemen zealously searched for the trinket, and Mr. B. was the lucky one to find it. With a meaning laugh he placed the ring on her finger and said: "You know what that means!" Then a queer, insupportable feeling came over her, she pulled the ring from her finger and flung it through the open window. A painful moment was the natural result of this, and out of humor she soon left the party. Not long after this occurrence, fate willed that she should pass her summer vacation at the place where the married couple also stayed. Mrs. A. began at this time to be noticeably troubled by nerves, because of which she frequently was so indisposed as to be obliged to stay in the house. Thus the patient frequently had the opportunity of going walking alone with Mr. A. Once they went boating. She was extravagantly gay

and had the misfortune of suddenly falling overboard. She could not swim and Mr. A. had the greatest difficulty in saving her; after great exertion he succeeded in pulling her half fainting into the boat. On this occasion he kissed her. This romantic event was the last drop which caused the cup to overflow and forged the fetters fast.

On account of this wretched state of affairs, in self-defense, and in order to protect herself against the rising self-accusation, the patient now persevered eagerly and forcefully toward an engagement with Mr. B. and attempted to convince herself as much as she possibly could that she loved B.

Naturally this strange turn of affairs had not escaped the keen glance of wifely jealousy. Her friend, Mrs. A., had become aware of the secret, had suffered from it and her nervous state grew worse, day by day. And so it finally became necessary for Mrs. A. to go to a foreign country and take a cure in order to restore her shattered nerves.

During the party the evil spirit whispered in the patient's ear, "to-night he is alone, something must happen, you must be taken to his house!" And so it happened. Through a strange chance, she came to his house and attained what she had sought.

From this explanation, every one might be inclined to assume that only a subtle satanic plot could invent and carry out such a chain of circumstances. One does not need to doubt the subtlety, and yet from a moral standpoint one cannot exactly judge the patient; wherefore I am obliged emphatically to call attention to the fact that the motives which led her to this dramatic act were ones of which she was entirely unconscious. The action apparently had taken place of itself, without her being conscious of any motive. But from the series of previous events, it is perfectly clear how purposefully everything was directed to the same end. While the consciousness was engaged in bringing to completion the engagement of Mr. B., the unconscious compulsion to take the other path proved the stronger.

Now let us return to where we started upon our dissertation, that is to say to the question from where the sickness (either strange or inadequate), the reaction to the

trauma, comes. We have conjectured that in the case in question, besides the trauma, something else might have taken place mentally, and that something a disturbance in the realm of love.

This conjecture has been justified, and we learn from it that the trauma, which apparently works pathogenically, is merely a cause, whereby something, which formerly was not conscious, is revealed, i. e., a serious erotic conflict. By this the trauma loses its pathogenic significance and a much deeper and broader conception replaces it, which assumes an erotic conflict to be the sickness-producing agent.

This conception might be called the sexual theory of the neurosis.

(To be continued)

ON PSYCHOLOGICAL UNDERSTANDING ¹

BY DR. C. G. JUNG

In studying cases of dementia præcox we are astonished at the overwhelming wealth of carefully elaborated symbolic phantasies. In 1903, for the first time, I attempted the analysis of a case of paranoid dementia præcox. It is the case I published in my book on the "Psychology of Dementia Præcox" four years later. Even though working at that time with a very incomplete technique, I was extremely astonished to find that all these utterly incomprehensible ideas and delusions can be understood in a comparatively simple way. At that time—following *Freud's* theory—we considered the delusion as a kind of wish fulfilment. But it also became quite obvious that this wish fulfilment could not be of a simple nature, owing to the fact that there were two distinct kinds of delusions, first: positive wish fulfilling delusions of grandeur, and then: negative delusions of persecution and depreciation. Both could be considered as infantile wish fulfilments, but they seemed to be of a different nature.

Later on, in 1911, *Freud* himself published a similar case; a case well known in the German literature, the so-called "*Schreber*" case. It is a careful study upon the foundation of a very refined analytical technique. The patient himself could not be analysed personally, but having published his most interesting autobiography, all the material wanted for analysis was here provided.

In this work *Freud* has shown out of which infantile foundations the delusion is built up. Thus, for instance, he was able in a very ingenious manner to reduce the patient's most peculiar delusions about his doctor, whom he identified with God himself, or at least with a godlike being, and some other most curious and even blasphemous ideas, to the infantile relationship between the patient and his father. As the author himself says, his work confines itself to the task of pointing out those universally existent foundations upon which any psychological creation is built.

¹ Read before the Psycho-Medical Society, London, July 24, 1914.

This reductive process, which is the essence of analysis, did not, however, furnish such enlightening results in regard to the rich and surprising symbolism in patients of this kind as we might have expected from experiences with the same method in the realm of the psychology of hysteria. The reductive method seems to suit hysteria better than dementia præcox.

If one reads the recent researches of the Zürich School — I mention the names of *Mæder*, *Spielrein*, *Nelken*, *Grebelskaja*, *Itten*, and quite recently *Schneiter* — one gets a very good idea of the simply enormous symbolic activity of such a diseased mind. Some of these authors, applying, like Freud, an essentially reductive method, explain the complicated system of delusions on a basis of a simpler and more general nature, but this way of explanation doesn't seem to be entirely satisfactory. It is true the reduction to a simpler and more general model is explanatory to a certain extent, but it doesn't seem to do entire justice to the overwhelming abundance of symbolic creation.

Let me illustrate with an example. We are grateful to a commentator of *Goethe's* "Faust," if he explains the manifold figures and scenes of the second part of "Faust" by reference to their historical origins, or if a psychological analysis shows how the conflict in the drama corresponds to a personal conflict within the poet himself, and how this personal conflict is itself more broadly based upon those ultimate, elemental human things strange to none of us since we carry the seeds of all of them within our own hearts. But still we are somewhat disappointed. We don't read "Faust" just to discover that things everywhere are only "human, all too human." We knew that but too well already. Let any one who does not yet know it go and look at life for once without prejudice and with open eyes. He will return convinced of the prevalence and the power of the "too-human," and he will seize hungrily upon "Faust," not to find yet again that which he has just left, but in order to see how a man like Goethe deals with these elemental human things, and how he redeems his soul from bondage to them. Once we know to which historical individuals and events the symbolism in the second part of "Faust" refers, and that

it is all closely interwoven with the human personality of the poet, we go on to consider the question of historical determination as less important than the problem — what is the poet's real purpose in his symbolic creation? But the investigator whose method is purely reductive finds the final meaning in those ultimate human things and he demands nothing else from an explanation than that it should reduce the Unknown to the Known and Simple.

I should like to designate this kind of understanding as *retrospective understanding*.

But there is still another way of understanding, that is not of an analytical or reductive, but of an essentially *synthetic* or *constructive* nature. I propose to call this kind of understanding *prospective understanding* and the corresponding method a *constructive method*.

It is generally recognised that the modern scientific method of explanation is founded entirely on the principle of causality. Scientific explanation is causal explanation. So we believe we have understood and explained a thing, if it is analytically reduced to its cause and its general principle. In so far, *Freud's* method of explaining is based upon a strictly scientific principle.

Yet, if we apply this method of understanding to "Faust," it becomes obvious that it is insufficient. We realise that we do not come within measurable reach of the deepest thought that the poet strove to express, if we only find universal foregone human conclusions in it. It seems to us as if we could see those everywhere; we don't need "Faust" for the purpose. What we really want is to find in "Faust" how this man has redeemed himself for his *individual* existence, and when we have comprehended so far, then we have understood the symbol, through which Gœthe has allowed us to see the solution of the problem of individual redemption. It is true, we may then easily make the mistake of thinking that we have understood Gœthe himself. But we must be cautious and modest, and must content ourselves with saying that we have understood ourselves by the aid of "Faust." I remember *Kant's* thoughtful definition of comprehension. He says that comprehen-



sion means: *to realize a thing to the extent which is sufficient for our purpose.*

Certainly, this kind of understanding is subjective, and not scientific, according to the view of those to whom scientific explanation is identical with causal explanation. But the validity of such an identification is decidedly a matter for discussion. I have to emphasize my doubts about it in the realm of Psychology. It is true, we speak of "objective" understanding when we explain by the principle of causality. But, in reality, understanding is a subjective process under all conditions. We ascribe the "objective" quality to this kind of understanding to distinguish it from another kind, to which we ascribe "subjective" quality. The attitude of to-day ascribes scientific value to the "objective" understanding on account of its general validity. This standpoint is unquestionably right, wherever it is not a question of the psychological process itself, and hence it is right for all scientific realms which are not pure Psychology.

To interpret Faust objectively, *i. e.*, from the causal standpoint, is as though a man were to consider a sculpture from the historical, technical and — last but not least — from the mineralogical standpoint. But where lurks the real meaning of the work itself? Where is the answer to the most important question: what aim had the artist in mind, and how have we to understand his work for ourselves subjectively?

It seems to the scientific mind as if this were a superfluous question that has nothing at all to do with science. The question itself interferes with the principle of causality, in so far as the question is clearly speculative and constructive. It has been a merit of the modern mind to have overcome the speculative spirit of Scholasticism. Yet, if we really want to understand our psyche, we have to realize the fact that comprehension is subjectively determined. The world is not merely objective; it is also as we see it. When we speak of mind or soul, it is still more true that it is as we see it. Of course it is possible to look at the mind objectively, no less than at Faust and a Gothic cathedral and the Confessions of Saint Augustine. The worth and

the worthlessness of modern experimental Psychology and of *Freud's* Psychoanalysis repose on the "objective" understanding. The scientific mind, thinking causally, is incapable of prospective understanding, its only way of understanding is *retrospective*. This kind of understanding is only one-half of a complete comprehension. The second half is *prospective* or *constructive*. And if we are unable to apply the prospective understanding, we have not understood the one essential function of the psyche.

If Psychoanalysis, following *Freud's* doctrine, were able to demonstrate the existence of an indisputable connection between the Faust and the development of infantile sexuality in Goethe, or, following *Adler's* doctrine, between the infantile desire of power and the adult man and his work, a very interesting problem indeed would be solved, and it would be demonstrated how a wonderful masterpiece can be reduced to the final elements, which are universal and to be found within the depths of everything and everybody. But did Goethe build up his work for this kind of interest or for such a purpose? Was it his desire to be understood in such a way? It is evident that such understanding is undoubtedly scientific, but none the less absolutely insufficient.

This statement is valid for Psychology in general. To understand the psyche causally means to understand one-half of it only. The causal explanation of Faust gives us light as to the way in which it has become the finished work; but in this way we have not yet understood its living meaning. That meaning only lives, if we experience it in and through ourselves. In so far as our actual life, the life we live here and now, is something new essentially, and not a repetition of the past, the main value of such a work cannot be found in its causal development, but only in its living influence upon our own life. It were depreciating such a work if we regarded it only as something that has been perfected and finished with. "Faust" is understood only when it is conceived as something that becomes living and creative again and again in our own experience.

In the same way we have to consider the human psyche. Only one side of our mind has been already built

up and is an historical result. This side can be submitted to the causal viewpoint. The other side is creative, and can only be comprehended synthetically or constructively.

The causal standpoint asks: How has this actual psyche, as it presents itself to-day, been built up?

The constructive standpoint asks: How can a bridge be built from this actual psyche to its own future?

The two viewpoints can be illustrated by the difference in their treatment of Dream-symbols.

(All I said about the constructive understanding of the delusions of dementia præcox is also valid for symbols in general.) *Freud* says, in his *Dream Interpretation*, that stick, spear, gun, sword, etc., in a dream are nothing but phallic symbols. No one can deny that, from the standpoint of the reductive method, this is certainly true. But the same symbols have a very different meaning from the constructive standpoint.

A patient of mine, a man of extremely feeble will-power, lazy and inactive, had the following dream: "A certain man gives him a peculiar old sword, ornamented with old and weird ciphers. The dreamer enjoys this gift immensely." At the time of the dream the patient suffered from a slight physical disorder, which had made an exaggerated impression on him, so that he had fallen back into complete despair and inactivity. He had lost at once all pleasure and interest in life.

It is perfectly true that the patient was very much under the influence of the so-called father-complex, and that he wished to have the phallic power of his father. That was precisely his infantile mistake, he wanted nothing better than to conquer life in an archaic sexual way. In so far, the reduction of the dream-symbol is perfectly satisfactory. Only the patient knows this fact very well and is able to interpret his dream in this way without any difficulty. He has learned nothing through his interpretation.

The association he gave to the man in the dream is: A young friend, who has been very sick with tuberculosis, and was even considered a hopeless case. The patient says: "It was marvellous to see how my friend stood all

tortures; he had simply tremendous endurance, courage, and hope; he used to say: 'I will not die, I am decided to live.' His will-power was so strong that he finally overcame the disease and got cured. He was really a model of courage." The associations to sword are: "An old bronze sword handed down from time immemorial. The ciphers remind me of old languages and old civilization. The sword is an old heirloom of mankind, a weapon, an instrument of defence and aggression, a shield against the dangers of life."

We understand: The young friend gave him the invaluable example of how one can stand the dangers of life through firm and brave decision. The words: "I will" are the old inheritance of mankind, that has helped it through innumerable dangers. Those words are the palladium of civilized humanity, differentiating it from the animal, that only obeys dumb instinct and natural law. Through this dream a way is opened to the patient, a way to a more idealistic viewpoint, which redeems him from a childish self-bemoaning and brings him up to an attitude that has always helped mankind in face of threats and dangers.

As through Analysis and reduction the causal method finally brings back the individual fact to the fundamental and universal principles of human psychology, so through the synthesis of individual trends the constructive method aims at universal goals.

Psyche is transition, hence necessarily to be defined under two aspects. On the one hand the psyche gives a picture of the remnants and traces of the entire past, and, on the other, but expressed in the same picture, the outlines of the future, inasmuch as the psyche creates its own future.

The psyche at any given moment is at one and the same time result and summit of the past and a symbolic formula of the future. The future is only *similar* to the past, but in its essence always new and unique; thus the actual formula is incomplete, germlike, as it were, as regards the future. We may say: the formula or the picture of the future is symbolic, in so far as it expresses the future by way of an analogy. The future can be predicated only

to a certain extent, in so far as things of the future are but partially expressible in things of the past. But if we conceive the actual content of the psyche as a symbolic expression for future happenings, we have to apply a constructive interest to it. I was tempted to say: a "scientific" interest. But modern science is identical with the causal principle. But if we consider the psyche scientifically, *i. e.*, causally, the psyche as a creative function escapes. If we want to comprehend this other side of the psyche, we shall never do it by the exclusive application of the causal principle, but only by help of the constructive standpoint. The causal standpoint reduces to a simpler model, the constructive standpoint elaborates the complicated actual contents. This latter standpoint is necessarily speculative.

Scholastic speculation claimed general validity, but this constructive comprehension has a subjective validity only. If a speculative philosopher thinks he has a concept of the world through his system, he deceives himself, because he has only conceived himself and has made a naïve projection of himself into the world. This is a well-known fundamental error of speculative philosophy. The scientific temper of modern times is an extreme reaction from it. Modern science tried to create an objective psychology. *Freud's* doctrine is a definite reaction once more against this "objective" psychology, insisting upon the overwhelming importance of individual psychology. This is its immortal merit. This doctrine points out the immense importance of the Individual and the Subjective in the development of the objective psychological process.

Subjective speculation does n't claim any universal validity, it is identical with constructive understanding. It is a subjective creation; considered from the outside it may easily seem a so-called infantile phantasy or at least an unmistakable outcome of it. From an "objective" standpoint it has to be judged as such, in so far as objective is identical with scientific and causal. But considered from the inside, this subjective creation means redemption. *Nietzsche* says: "Creation — this is the great redemption from suffering and easiness of living."

If we apply the "objective" viewpoint to the phantastic creations of dementia præcox, we have to reduce them to elementary and generally valid foundations. *Freud* has done this in the paper mentioned before. But this is only half of the work to be done. The second half is the constructive comprehension of this system of phantasies. The question is: What is the goal the patient tried to reach through his creation?

This question seems queer to a scientific thinker of to-day. Certainly the psychiatrist will smile, for he is profoundly convinced of the general validity of his causalism. He knows the psyche merely as something made, descendant, reactive. Not too rarely we even meet the prejudice that the psyche is somewhat like a secretion of the brain.

But if we consider such a morbid system without prejudice, we soon become aware of the fact that it is striving towards a goal and that the patient himself devotes all his will-power to the completion of his system. There are patients who conscientiously elaborate their system with the aid of a tremendous material of comparison and proof. Others content themselves with an accumulation of synonymous expressions for the goal towards which they strive.

Freud understands this striving retrospectively; he judges it as a gratification in phantasy of infantile desires. *Adler*, a former pupil of *Freud's*, reduces it to the desire of power. He conceives the creation of the morbid system as a "manly" or "male protest," as a means to render secure the menaced superiority of the patient. This striving, and the morbid system invented to gratify it, are alike infantile. Hence one easily can follow *Freud*, when he rejects *Adler's* view; because *Freud* subordinates this infantile desire of power to his concept of the infantile wish-fulfilment.

But if we consider the morbid creation from the constructive standpoint, it is neither infantile nor eo-ipso pathological, but *subjective*, hence entirely justified in its existence. The constructive standpoint absolutely rejects the idea that the subjective creation is nothing but a symbolically veiled infantile desire or an obstinate maintaining of the fiction of the patient's own superiority.

One can judge the subjective mental process from the

outside, as one can judge everything. But such a judgment is inadequate, because it is of the nature of the subjective that it cannot be judged objectively. We cannot measure a distance with a weight. The Subjective can only be understood subjectively, *i. e.*, constructively. Any other judgment is inadequate. The absolute credit the constructive standpoint gives to the Subjective naturally appears to be an act of violence against human reason, if we consider it from the objective standpoint. But as soon as the construction is openly subjective, there is no more any argument against it.

The constructive comprehension analyses also, but this analysis is not strictly reductive. It decomposes the morbid creation into typical components. Even the most individual delusions are not absolutely unique, but show some obvious analogies with other systems and phantasies. The comparative analysis of many delusions gives average types. In the analytical part of the constructive method it is a question of reduction to general types of phantasy, but not of reduction to a universal principle such as "sexuality" or "desire of power."

We draw a parallel between individual creations and general types in order to enlarge the basis of our construction. At the same time the parallels aid the purpose of objective communication. Did we not draw these parallels, our construction would remain entirely subjective; we should construct with the language and the material of the patient, and thus we should elaborate a line of thought which would be intelligible to the patient and his explorer only, but not to the public, which cannot be expected to be *au courant* with the individual thought and language of the case. The researches of the Zürich School mentioned above give careful records of individual material. There we find many typical images and concatenations which are perfectly clear parallels to certain *mythological creations*. These parallels between historical and ethnical creations and individual delusions have become a most important source for the comparative exploration of morbid mentality. It is not easy to accept the possibility of such a comparison right away. The only question is, whether the

creations to be compared are similar or not. You will be inclined to object that pathological and mythological creations can't be directly compared. But this objection is not valid *a priori*, in so far as only a careful comparison can show whether there does exist such a parallelism or not. At present we only know that both are products of the creative phantasy of the unconscious. Experience may teach whether such a comparison is valid or not. All that we actually know so far encourages me to believe in the possibility of further important progress in this realm.

I gave a practical example of the constructive method in my book: "*Wandlungen und Symbole der Libido*." I elaborated the phantasies of a case originally published by *Flournoy*, the eminent psychologist of the University of Geneva. My book has caused many misunderstandings, comprehensible if we consider the unusual difficulties of the objective demonstration of the constructive method. I should like to discuss some of the most easily misunderstood points.

If we study a case like the Schreber case worked out by *Freud*, it is not difficult to see that such patients suffer from an exaggerated tendency to create a system of the world, or better, of their world; what we call in German, *Weltanschauung*. Their obvious effort is to produce a system that helps them to assimilate a series of unknown phenomena in their own psychology, or, in other words, that helps them to adapt their unconscious to the world. This attempt produces a subjective system, which has to be considered as a necessary transition on the way to a definite adaptation. The patient, however, remains in that transitory stage and takes his merely preliminary and transitory formulation for a definite conception of the world. Thus he remains sick. He is unable to get rid of his subjectivism, and thus he never reaches objective thought, *i. e.*, the generally valid thinking of human society. He never reaches the summit of understanding, for he remains with a merely subjective comprehension of himself, which excludes a generally intelligible communication; as *Feuerbach* says: Understanding is only real *when it is in accord with that of some other reasonable beings*. Thus only do we reach the adapta-

tion to real human life. Perhaps you question whether the process of psychological adaptation does take place by this method of first creating a philosophical conception of the world, and you may even think that it is a sign of a morbid mental disposition to make the attempt to adapt one's self by means of a philosophical conception.

Undoubtedly, there are innumerable human beings who are capable of adaptation without creating any view or conception. If they arrive at all at a general view, it is only afterwards. But on the other hand, there are equally many who are only capable of adaptation by the aid of a previously formed conception or formulation of the task they are going to accomplish. To all that they don't understand they are unable to adapt themselves. And, as a rule, it comes about that they do adapt themselves just as far as they can grasp the situation intellectually. To this latter type seem to belong all the patients with whom we are dealing here. Medical experience has taught us that there are two large groups of functional nervous diseases: The one contains all those cases usually called *hysterical*; the other contains all those designated by the French School as *Psychasthénie*. Although the differential diagnosis is not always sure, still two psychological types are pointed out as unmistakably different. Their psychology is characterized by diametrical opposites. I called the hysterical type the *extraversion* type and the psychasthénic type the *introversion* type. *Dementia præcox* belongs to the latter type, as far as we know its psychology today.

The terminology — *extraversion* and *introversion* — depends upon my energetic conception of mental phenomena. I assume a hypothetical energy, which I designate as *hormé*. In my German publications I have used the word *Libido*, which seems to be too easily misunderstood in English. *Hormé* is the Greek word — *ὄρμη* force, attack, press, impetuosity, violence, urgency, zeal. *Hormé* is related to *Bergson's* conception of the "*élan vital*." The concept *hormé* is an energetic expression for *psychological values*. A psychological value is something active and determining, hence it can be considered from an energetic standpoint.

The introverted type is characterized by the fact that

he applies his *hormé* chiefly to himself, *i. e.*, he finds the Unconditioned Values within himself, but the extraverted type applies his *hormé* to the external world, to the object, the *Non-Ego*, *i. e.*, he finds the Unconditioned Value outside himself. The introverted considers everything under the aspect of the value of his own *Ego*; the extraverted depends upon the value of his object.

Unfortunately, my time doesn't allow me to go here into more details. I only should like to emphasize the fact that the question of the types is a vital question of our psychology. It seems to me as if any further progress would have first to go through this problem. It is not yet worked out satisfactorily. There is one little paper of mine: "*Contribution à l'étude des types psychologiques*" in the "*Archives de Psychologie*." William James has given an excellent description of the two types in Philosophy in his book on "Pragmatism," and our German Poet, Friedrich Schiller, has done the same for *Æsthetics* in his essay on the Naïve and the Sentimental. In scholastic Philosophy the School of the Nominalists and that of the Realists represent our types. In the realm of our medical Psychology Freud represents the doctrine of extraversion and his pupil, Adler, that of introversion. The irreconcilable opposition between Freud's and Adler's views is simply explained through the fact that there exist two kinds of psychology, which view things from totally different aspects. Extraverted and introverted Psychology are as different as day and night.

An extraverted individual can hardly understand the necessity that forces the introverted to accomplish his adaptation by first formulating a general conception. Still this necessity exists, else we never would have philosophical systems and dogmas presumed to be universally valid; civilized humanity would consist of empiricists only and the sciences of empirical sciences only. There is no doubt that causalism and empiricism are prevailing powers in the scientific culture of to-day. But we are not yet on the summit of evolution, and many things may be different in the future. The difference of the types is the first great obstacle on the way to a general *entente* concerning the fundamental con-

ceptions of our psychology. The second obstacle, that touches more nearly the constructive method, is the fact that this method has not to follow some doctrine or expectation, but has to adapt itself to the leading lines of the delusion itself. The direction of the morbid thought has to be accepted and followed up. Thus the explorer puts himself on the standpoint of the psychosis. This procedure may expose him to the risk of being regarded as mentally deranged himself, or at least of being suspected of having himself a philosophical conviction. This is still a critical point to-day. But it is well to know that every one possesses a philosophy, only there are people who aren't yet aware of it. The unaware simply have an unconscious, hence an inadequate and archaic view. For everything Psychological, neglected and not developed, remains in the primeval state. A famous German historian has given a particularly striking example of the way in which unconscious archaic views influence the conscious judgment. This author assumes it as a natural fact, that mankind once propagated itself through incest; because, in the first human family, there was no choice for a son among women. He only had his sister. This extraordinary theory is based exclusively upon the still existing unconscious belief in Adam and Eve, the first human couple.

It is wise to have a well elaborated philosophical standpoint, if one prefers to avoid such accidents.

The result of a constructive elaboration of a system of delusions is a sort of philosophy. But this kind of philosophy has nothing to do with a scientific theory of the world. It is a subjective psychological theory. It is even incorrect to use the term "theory." It is rather *a line of subjective psychological evolution*, which is the result of the constructive method.

The reductive method has the great advantage of being much simpler. It reduces everything to generally-known principles of a simple nature. The constructive method has to build up towards an unknown goal. The elements with which it works are the complicated components of the actual mind. This kind of work forces the explorer to take all those powers, which are at work in a

human mind, into his account. The reductive method tries to replace the religious and philosophical needs of mankind by a more elementary viewpoint, following the principle of the "nothing-but," as *James* nicely says; but the constructive method acknowledges them "*tel quel*" and considers them as the indispensable elements of its work. It is in the nature of things that such work should reach out far beyond the fundamental concepts of empiricism; it is in accordance with the essential nature of the human mind, which never contents itself with pure experience. The mother of a new thought is speculation and not mere experience. Experience without speculation leads nowhere.

I am conscious of the fact that, as the conception of *hormé* corresponds to *Bergson's* "*élan vital*," so the constructive method also corresponds to his intuitive method. But I confine myself to psychology and to practical psychological work, realizing the fact that every conceptual formula is psychological in its essence. Not only the conception of *hormé*, but even *Bergson's* "*élan vital*" are age-old conceptions of primitive mankind. Among primitive people we find nearly everywhere an identical conception of a dynamic soul-substance or a psychic energy. Its definition corresponds perfectly with the definition of *hormé* if one is able to overlook the unavoidable difference between civilized and uncivilized expression. The idea of the soul substance is chiefly found in the very primitive dynamistic religions. Considered from the objective or scientific standpoint, such a concept as *hormé* would be an impossible regression into primeval superstition. But considered from the constructive standpoint the existence of this concept through illimitable ages guarantees its practical usefulness, because it belongs to those primeval symbolic images which have always helped the process of transformation of our vital energy.

PROFESSOR JANET ON PSYCHOANALYSIS: A REJOINDER

BY ERNEST JONES, M.D. (LONDON)

IN Abnormal Psychology, as in other subjects, it unfortunately happens from time to time that a writer prefers to substitute a polemical discussion of a given investigator's views for a scientific criticism of them, the sole aim of which would be to determine whether or not they are true. If one sets out in such a discussion with the manifest object of discrediting the investigator in question, the readiest method of achieving this to the satisfaction of a biassed or uninformed audience is either to distort his views or to impute to him views that he has never held. One has then the advantage of being able to select for one's strictures whatever views may lend themselves most suitably to the desired mode of attack. It is clearly easier to score if one may choose one's own target, or if one replaces the real difficult one by an imaginary attainable one. If, for example, one elects to use the weapon of ridicule, one first presents the adversary's views in burlesque form by means of distortion, caricature and exaggeration, not disdaining the aid of invention and omission, so that they may be rendered more vulnerable to whatever shafts of satire and wit may be at one's command.

This type of procedure is only too familiar, and many of us have passed through the interesting experience of being the personal victims of it. It is customary under these circumstances to assume, wherever possible, that the procedure has not been a deliberate one on the opponent's part, but is the expression of uncontrolled tendencies in his mind, and the only comment usually made is on the lack of objectivity so unbecoming in a would-be critic. When, however, there is good reason to believe that the device has been *intentionally* adopted for the purpose mentioned, it is necessary to raise a definite protest, at least to the extent of rectifying the inaccurate statements that have been made. Ungrateful as such a task always is, silence on such an occasion is tantamount to an acquiescence in the lowering

of the minimum standard of fairness and probity that should obtain in writings on scientific subjects if orderly advance is to be made.

Professor Janet's criticism of psychoanalysis, read last year before the International Congress in London, contained a number of passages of a nature and tendency that laid him open to the serious charge of deliberate unfairness. His sole answer to this, at the close of the discussion, was an apology that his ignorance of German, and consequent reliance on French and American abstracts of Freud's articles,¹ had led him to commit a series of inaccuracies, though he proffered no explanation of the fact that these inaccuracies were in one direction only. Whether this source of knowledge constitutes an adequate basis for the distorted presentation and mocking criticism characterizing the articles that Professor Janet has so publicly tendered must be left to the reader's judgment. So far as I am concerned, however, the matter would have been left where it was had not Professor Janet recently chosen to republish his paper, which appeared in the official *Transactions of the Congress*, in both the *Journal de Psychologie* and the *JOURNAL OF ABNORMAL PSYCHOLOGY* without rectifying a single one of the mis-statements committed in the original draft. Even if his plea of ignorance at the time of writing the paper afforded the real explanation of these, and I shall show presently that it could not have done so, it is evident that after the date of the Congress this could no longer be regarded as a valid excuse. Distasteful as the duty is, I feel constrained, therefore, to challenge these methods of debate, and shall do so by simply repeating some of the points made during the discussion of Professor Janet's original paper.

We may begin with an example of elaboration. In order to illustrate the confusion that he thinks arises from Freud's use of the term "sexual," as applied not only to physical acts but also to mental tendencies, Professor Janet summarizes Freud's article on *Wilde Psychoanalyse*, in which there is an account of a case where a physician, under the curious impression that he is quoting Freud,

¹It is a question here only of articles that have never been translated from the German, not of the books that have been.

confounds these two aspects of sexuality. Now, evidently the effect produced on the reader by this example would be greatly heightened if only it could be made to appear that such a gross blunder was committed not by an ignorant outsider, but by a psychoanalyst, if possible one in immediate touch with Professor Freud himself. Unfortunately there is one difficulty in the way. In the article in question Professor Freud categorically states, no fewer than three times, that the physician was quite unknown to him, and that he had never even heard his name before. He amply demonstrates that the physician could not have even a passing acquaintance with the rudiments of psychoanalysis, and was ignorant even of elementary matters of medical diagnosis. Professor Janet's imagination,¹ however, easily gets over a difficulty of this nature. In his abstract, eighteen lines long, he insists four times over that the physician was a pupil of Freud's, and in the following language:² "A woman . . . consulted a young physician, a disciple of Freud's. This "young doctor, apt pupil that he was, told the patient," etc. . . . "This young *confrère* . . . seems to have correctly applied the doctrine he had been taught. Unfortunately, the patient . . . complained that she had been much distressed by such advice. Freud heard her grievance and in a vigorous article vituperated his too docile and compromising pupil. This pupil, said Freud, had," etc. Now it once happened to me to hear a young physician describe Professor Janet's method of treating hysteria as consisting in training the patient to enter into soul-relationship with a spiritistic medium by means of telepathy. I am as responsible for making myself acquainted with the views of my co-workers in psychopathology as Professor Janet should be, and especially before criticising them, and if I had at an International Congress, and in two subsequent publications, described my young physician as an apt and docile disciple and pupil of Professor Janet's, it seems to me that my co-worker would have had just cause for complaint. Yet this is just what Professor Janet has

¹That the invention originated with Professor Janet may be seen by comparing Acher's abstract of the article, which he quotes as the source of his information.

²I quote from the JOURNAL OF ABNORMAL PSYCHOLOGY, Vol. IX, p. 177.

done, for the ignorance and distortion shown by the young physician was no greater in the one case than in the other.

Similar results may be achieved by the device of omission. In an article dealing with psychogenic disturbances of vision Professor Freud showed how these may arise through a conflict concerning the use to which vision may be put, and that hysterical blindness may be a replacement-formation representing a talion punishment for the exercise of a forbidden use. He takes as a mythological illustration of the same principle the Godiva story, in which Peeping Tom gets blinded in a similar way. The following passage is contained in Acher's abstract of the article, quoted by Professor Janet: "In the beautiful legend of Lady Godiva, all the townspeople hid themselves behind closed shutters in order to lighten the task of this lady who was required to ride through the streets naked in daylight. *Anyone who looked¹ at the naked beauty was punished by losing his eyesight.*"² Turn now to Professor Janet's amended version of the passage (p. 159): "This beautiful woman was condemned to ride through the streets naked, and the inhabitants of the town imposed upon themselves the obligation of shutting the blinds and *clōsing their eyes*² so that no one should see her. *They made themselves blind through a fine chivalry.*"² Who would be able to resist so poetic an explanation?" In other words, by altering the story, and omitting the essential point relating to the talion punishment of Peeping Tom, Professor Janet succeeds in his object of reducing to nonsense the illustration of "this ingenious method."

A more glaring example still of this device is the following: Describing Freud's views on the causation of morbid anxiety, Professor Janet writes (p. 169), "Freud tells us that in all these cases we must always consider the sexual trouble as primary and essential, *simply because*² a certain analogy between the symptoms of the disease and sexual phenomena can be perceived; *because*² anxiety resembles in some ways the outward manifestation of sexual gratification, *therefore*² anxiety *must be*² a sexual trouble. We have never admitted

¹These four words should be "The only one who peeped"; otherwise the passage is an exact translation from Professor Freud's article.

²Not underlined in the original.

vague analogies of this kind as sufficient proof of a determining cause. . .” It is perfectly true that toward the end of his essay on the subject Professor Freud in a casual way does call attention to the resemblance in question, but to represent that this was the sole ground for his conclusions, and to suppress all mention of the detailed arguments, cases and experience, on which they were actually based, is a procedure that, one would have thought, might have given even Professor Janet pause.

As might be expected after this, there are many examples of the well-worn device of exaggeration in Professor Janet’s article, of which three may be quoted. (1) “Freud begs physicians to devote all their efforts and intelligence to find a preventive that may satisfactorily meet all the exigencies of a coitus” (p. 162). Needless to say, Professor Freud has never done anything of the sort; the assertion is nothing but a gross exaggeration of a quite obvious remark he once made on the subject. (2) “They (Freudians) affirm that in every neurosis these sexual troubles and memories are not simply *one cause* of the disease, but they are the *essential and only cause*” (p. 158). It is, of course, well known that no follower of Freud has ever affirmed, or held, this view. We consider that sexual disturbances constitute the specific cause, but that all manner of other causes, from defective heredity to mental shock, are also operative; Freud himself has dealt with these other causes at length, and is never tired of insisting on them. (3) “Freud declared that these pathological discoveries would be to neuropathology what the discovery of the sources of the Nile had been to geography, that is to say, the greatest discovery in this science of the twentieth century” (p. 161). Professor Freud’s actual remark runs, “I consider this (the sexual ætiology of hysteria) to be the finding out of one of the Nile-heads of neuropathology,” the term “Nile-head” being of course used as a metaphor, not as a simile; the part about the greatest discovery, etc., is added by Professor Janet.

When these milder methods do not suffice, entire views can be invented and imputed to the school under discussion, and Professor Janet does not shrink even from this. He

writes, for instance, "The discovery of the specific causal agent of the neuroses gives a therapy at once simple and precise. Normal and regular coitus will then suffice to cure all neuropathic disturbances" (p. 162). I cannot imagine that any physician in the world holds this view, for the very obvious reason that a considerable proportion of neuropathic patients have fulfilled this requirement for years without its doing away with their sufferings. At all events it is plain that no psychoanalyst entertains the view; if he did, why would he be practising psychoanalysis? Or are we to be accused of recommending and carrying through a lengthy, laborious treatment, knowing all the while that the maladies can be so easily cured without it? Professor Janet seems to come half-way to this conclusion, for in another place (p. 181) he writes: "Psychoanalysis seems to utilize two processes of treatment. The first . . . consists in advising the patient to practise regular and normal coitus, using an ideal preventive." Here, perhaps, we need not charge Professor Janet with anything more than ignorance of the elementary rules of psychoanalytic treatment, but I may inform him that it is no part of this treatment to give advice of any kind to the patient, let alone advice of such a responsible and equivocal nature as the one he suggests.

The gross ignorance to which reference has just been made is so widespread throughout the whole article that one is embarrassed to know which examples to choose. Over and over again he describes Freud's theory of the neuroses in terms of traumatic memories, suppressing the fact that in the past twenty years Freud has advanced far beyond this starting-point, which now forms part of the theory only in a very special sense, and even then in an extremely subordinate and limited way. Such a statement as the following (p. 162), for instance, is, in the form in which it is expressed, directly untrue: "He (Freud) continues to give to the neuroses, and even to certain psychoses such as dementia præcox, a single and truly specific cause, namely, a sexual trouble *caused by an experience which is conserved in the form of a traumatic memory.*"¹ The same remark

¹Not underlined in the original.

applies to the following (p. 15): "It (psychoanalysis) seeks by every possible means to put in evidence the existence of an emotional memory, and seems to make this discovery the essential end, the sole object of the mental examination." So preoccupied is Professor Janet with this idea that he extends it even to the association experiment, as adapted by Jung. Referring to the occurrence of delay in the reaction-time, he says (p. 14): "It would be very dangerous to necessarily postulate a traumatic memory simply because of such a reaction." I should think so, indeed.

We learn (p. 15) that "Freud does not seem to concern himself, as do so many writers, with disturbances of memory which transform many dreams, or with the systematization that the dream undergoes at the moment of waking." So little is this the case that Freud, who in his detailed study of this interesting process has offered for the first time a precise explanation of it, coined a special term to denote it, "secondary elaboration," this being one of the four great mechanisms under the headings of which he describes the process of dream-formation. On another page (p. 33), by the way, Professor Janet confounds another of these, namely, "displacement," with the totally different process of "transference." As for the conception of "repression", so fundamental in psychoanalysis, any one acquainted with it must smile at the idea of the example given by Professor Janet (p. 28), not smoking for reasons of health, being considered an instance of it.

Of the same order are Professor Janet's repeated statements that psychoanalytic interpretations are merely arbitrary, capricious, and "can with the greatest ease be varied in infinity." The statements are quite worthless, for he simply does not know that the interpretations are the very reverse of this, being based on objective principles that have no reference to individual opinion, but only to the evidence of the facts themselves. Similarly: "A system analogous to the Freudian one could easily be constructed by taking fear as the basis" (p. 167); this remains nothing more than a quite unsupported assertion unless such a system is actually constructed, and if this were done one would soon find out which of the two was based on fact and which on fancy.

In his animus toward psychoanalysis, Professor Janet so often over-reaches himself by gross exaggeration that any detailed examination of his supposed criticisms is rendered unnecessary. Such remarks as this, for example, answer themselves: "I would undertake to demonstrate in the same way that tuberculosis and cancer were the indirect and unforeseen consequence of masturbation in little children" (p. 179). Or again, in describing the way in which he thinks psychoanalytic patients are cured, he allows himself to say that "They are flattered that the observations made upon them serve to establish a medical method which is to cure all the ills of human kind (*sic*); they experience a legitimate pride in the thought that they are collaborating with a great man in the reconstruction of medicine" (p. 181). Does Professor Janet seriously believe that Professor Freud, who deliberately withholds from his patients all knowledge of psychoanalysis except what they discover for themselves, conveys, consciously or unconsciously, to them such impressions? And, then, what of the numberless patients who are not "collaborating with a great man," but are merely being treated for their health by quite matter-of-fact people?

I will refrain from inquiring into the delicate question of the meaning of such extreme bias as is displayed throughout Professor Janet's paper, and will conclude my comments by discussing a matter of some historical interest, namely, the relation of psycho-analysis to psychological analysis, *i. e.*, to the system of psychological study of which Professor Janet is indisputably the most distinguished exponent and of which he was the pioneer. My reason for doing so is that in his paper Professor Janet has seen fit to derive the former of these systems from the latter, and has put forward the novel claim that Professor Freud's work practically owes its existence to his own. Of the many inuendoes to this effect the following may be quoted. After pointing out that "psychoanalysis has proceeded entirely from the first studies on traumatic memories" (p. 11), he goes on to say that it "borrowed from psychological analysis the idea of traumatic memories" (p. 19). We learn that Professor Janet's earlier studies "had the honor of inspiring the works of Freud on the same problem of the mechanism of trau-

matic memories. On certain points the modifications he has made seem to me quite slight" (p. 25). Again, "This writer (Freud) and his pupils have taken as a starting-point my first studies on the existence and the characteristics of subconscious phenomena in hysterics, but without criticising them" (p. 26). Even the psychoanalytic method itself seems to have had a similar origin: We saw above that, according to Professor Janet, psychoanalysis "seems to utilize two processes of treatment." The one consisted in advising the patient to practice regular coitus; "The other method . . . consists, as I understand it, in generalizing the application of a procedure of examination which I myself pointed out in my first studies" (p. 182). Referring to the relation of his early studies to Breuer and Freud's *Studien über Hysterie*, Professor Janet writes: "At most, these writers only changed some terms in their psychological descriptions; what I called psychological analysis, they called psychoanalysis; where I used "psychological system," they used "complex" to designate the *ensemble* of psychological phenomena and of movement which are combined to constitute the traumatic memory; they have given the name "catharsis" to what I designated as a dissociation of fixed ideas, or a moral disinfection. The names were different, but all the essential conceptions, even those which were still subject to discussion, such as that of the "psychological system," were accepted without modification" (p. 10). In other words, the *Studien über Hysterie* differed from Professor Janet's writings in containing three new terms. For those who, unlike Professor Janet, have actually read the book, comment on this assertion is superfluous, and I will confine myself to one single remark, namely: Characteristically enough, Professor Janet's failure to find any new ideas in the book is to be correlated with the fact that of the three new terms he did find there, two do not occur in it, while he quite mistakes the meaning of the third one. The first term, "psychoanalysis," was coined some time after the book was published, and the word "complex" was introduced, some ten years later, not by Breuer or Freud at all, but by another school, that of Zurich.

To read Professor Janet's account of the matter one

would infer him to be under the impression that psychoanalysis arose as an uncritical taking over and distorted exaggeration of the principles he had inculcated in his earlier studies, so that he is in the unhappy position of a man who sees his own work being "murdered" before his very eyes. He may be relieved to learn, however, that the truth of the matter is quite otherwise. The development of psychoanalysis both originated and proceeded quite independently of psychological analysis in Janet's sense, was entirely uninfluenced by it throughout its whole course, and would not have been different in one iota if Professor Janet's work had never existed. The points of agreement between the two, mentioned in the *Studien*, were not in any sense the result of Professor Janet's early investigations, but were arrived at by Breuer and Freud some years before the first publication of the latter, as were also a number of points of divergence, such as the conception of abreaction, etc. It is true that Janet's first communication antedated Breuer and Freud's by seven years, but it is an open secret; indeed Professor Freud has himself referred to it in a recent essay, that the delay in publishing their work was occasioned by hesitancy, due to personal reasons, on Dr. Breuer's part. The co-operation of the two authors antedated their first communication by as much as ten years, and it is expressly stated in the *Studien* that one of the cases there reported was treated by the cathartic method fourteen years before the date of publication. Professor Janet has every right to claim priority in time, if any one doubted it, in the publishing of certain ideas, but he need no longer be burdened with the responsibility of either the credit or the discredit attaching to the development of psychoanalysis.

At the International Congress of Neurology and Psychiatry, held in Amsterdam in 1907, Professor Janet dismissed Freud's theory of hysteria as being merely "*une mauvaise plaisanterie*" (a bad joke), and it may be left to the reader's judgment to decide whether his present attempt at criticism has succeeded any better in contributing something of positive value to our knowledge. In his attack on Professor Freud's work, delivered before the International Congress of Medicine in 1913, Professor Janet has, in my

opinion, allowed himself to be betrayed into the grossest lack of objectivity.

"FREUDIAN PSYCHOLOGY" AND PSYCHICAL RESEARCH

(*A Rejoinder*)

BY HEREWARD CARRINGTON

THE evidence for the supernormal character of "psychical" phenomena may not be very strong — certainly not so strong as desired, — but it never appears stronger than when some critic attempts to "explain it away," and to show how normal causes might account for the facts. This bears out Dr. Hodgson's old statement, that "If we could only get the scientific men to attack us, our case would be won." It seems to me that this is made evident by the paper of Dr. Leonard T. Troland, in the *JOURNAL OF ABNORMAL PSYCHOLOGY*, Vol. VIII, No. 6.

Let us take up a few of his statements, one by one, and see how far they represent the actual facts:

1. "Modern psychical research aims to prove personal immortality by scientific methods. . . ."

Nothing of the sort is to be found in the original "Objects of the Society," published in Vol. I of the *Proceedings*. Immortality is not even mentioned, no more is proof of spiritism. To many minds, "immortality" is only one of the subsidiary problems involved; *odd facts* form the bulk of the material to be investigated — no matter *what* their interpretation. The majority of the continental psychical investigators do not accept the spiritistic hypothesis to account for the facts.

2. "The proof of spiritism depends upon the ability of the individual to give a correct, unbiased account of his own experiences. In order to do this, he must be acquainted with all the motives which may possibly influence him in the construction of this account."

This passage is not intelligible to me; in so far as it is intelligible, it is incorrect. Proof of *personal identity* — which, I suppose, is what is meant — depends upon the

ability of the communicating intelligence to give facts retained in the *personal* (supra-liminal) consciousness. They are *conscious* memories — facts in the past life. A knowledge of the "motives" involved is not in the least necessary here. All that we require is a statement of actual, simple fact.

3. "In the light of the principle of 'repression' we are in duty bound not to accept the affidavit of that person himself in this regard (whether or not he has seen or heard some fact in the past), no matter how honest he may be, for the fact in question and his subconscious record may never have been in his introspective consciousness at all."

This is merely saying again that cryptomnesia plays a large part in our daily lives — which fact has been pointed out over and over again by all psychical researchers, and dwelt upon in particular by Professor Flournoy (*Spiritism and Psychology*) and Mrs. Anna Hude (*Evidence for Survival*). The whole question is this: The subconscious mind, on a "naturalistic" theory, is supposed to contain nothing which did not enter through the five senses. If it does, then we have the supernormal demonstrated. In order to prove that the facts might have entered the subconscious mind through the senses, it would be necessary to show that it was *physically possible* for them to have done so — assuming hyperæsthesia, etc. In many cases on record, it might easily be shown that this was not possible.

4. In discussing the experiments in thought-transference, Dr. Troland calls attention to the possibility of the "number habit." This has been thoroughly discussed in the *Proceedings*, over and over again, and shown to be unable to account for the facts — particularly those cases where *diagrams* were employed, or the numbers or cards were drawn *at random*.

5. Dr. Troland says that the motor theory of consciousness accounts for some (if not many) of the experiments in thought-transference. It does not do so at all, unless *physical contact* be allowed, — and in nearly all the experiments, even at close range, this was prohibited. Let the agent "think with his muscles" as much as he pleases, and I will guarantee that no percipient will ever get a thought,

if situated six or eight feet distant from the agent! Let those who think otherwise produce their evidence!

6. Dr. Troland thinks that slight sounds, unconsciously interpreted, or "air vibrations" would account for those cases in which a screen had been placed between the agent and percipient.

In answer to this:

(a) Air vibrations would only affect the percipient if actual motions with the arms or body were made: It is expressly stated that these were *not* made.

(b) Where is the *scientific evidence* that air vibrations can do any such thing?

(c) Slight sounds, even if made, would have no meaning to the percipient, *unless they represented some specific thing agreed upon beforehand between agent and percipient*. All language is based on arbitrary agreements as to the meaning of signs — spoken, written or made. If no meaning be previously attached to these signals, what do they mean? Now, Dr. Troland (and Professor Münsterberg, *à propos*, of the Beulah Miller case), what card in the pack is represented by two creaks in the floor? When this is explained, it will be time enough to consider this explanation seriously!

(d) In many cases, the ears of the percipient were muffled, so that any ordinary sounds could not be detected.

7. In discussing "Phantasms of the Dead," Dr. Troland attempts to account for practically all the recorded cases by the theory of paramnesia. Worked in conjunction with Freud's theory, it amounts to this: We are all longing for the death of our relatives and friends most of the time; when the news of their death reaches us, we associate with it a phantasmal appearance, and then place the appearance back in time, to coincide with the death, when, in fact, it did not do so. We "read it back" and *make* it coincide that is,—because we wanted to, owing to our habit of wishing for their death.

This is merely an extension of Professor Royce's theory of "Pseudo-presentiments," formulated in the *Old American Proceedings*, S. P. R., Vol. I, page 366. It is simply hitched on to Freud's theory. At the time this theory was first formulated, Mr. Gurney replied at length, showing why it

would not "hold water"; and the interested reader is referred to his article in *Mind*, July, 1888. In part he said:

" . . . But as regards the third class of cases which he (Professor Royce) mentions — cases of recent date where we have no record of the percipient's experience put into writing before the arrival of the news of the corresponding event — he seems to have ignored the support which is afforded a large number of the accounts by the testimony of other persons, to whom the percipient's experience was orally described before the arrival of the news. . . . He omits all mention of *sensory hallucinations*, and it seems impossible that he can have duly recognized their importance in the argument. . . ."

Indeed, as Dr. Hodgson wrote, after a careful study of the evidence both *pro* and *con*: "I think . . . that the considerations which Professor Royce has adduced . . . do not appreciably affect our views of the accounts of spontaneous experiences on which the proof of telepathy depends." (*Proceedings*, Old S. P. R., p. 541.)

Dr. Troland's theory has, therefore, been fully considered before, by impartial experts, and rejected as insufficient to account for the facts.

8. Dr. Troland's remarks concerning the "medium and her sitter" have been met before — when it was stated that nothing could come out of the medium's subliminal which had not previously been put into it. He assumes that hints and statements made by the sitters gave clues to the medium, which the subconscious mind quickly picked up and elaborated into "communications." How grotesque a caricature of the evidence this is may be seen by any serious student of the records.

9. The same remark applies to Dr. Troland's criticism of the evidence for clairvoyance. Thus: "Suppose that the clairvoyant is told of the death of a certain man with whom she had previously had a number of sittings . . ."; etc. Whoever brought forward evidence of this sort? Certainly not the S. P. R. Of course, if you set up a straw man, it is easy to knock it down!

Again, in speaking of "communications," Dr. Troland says: "These (correct statements made by the medium)

may be supposed to correspond with chance information picked up by the medium from time to time. . . ." Let me quote *one case*, to show how far this theory may be said to cover the facts! In his first Piper Report, Sir Oliver Lodge said: "Among sitters, I may mention Gerald Randall, late of Trinity College, Cambridge, principal of University College, Liverpool. He was introduced as 'Mr. Roberts,' and a sitting was immediately commenced. The names of his brothers were all given correctly at this or at the eveningsitting of the same day, with many specific details, which were correct." (*Proceedings*, S. P. R., Vol. VI, pp. 453-54.)

10. A word, finally, as to Dr. Troland's exposition of Freud's theory of the subconscious, and his dwelling upon this theory as an explanation of most of the facts of psychical research. Without questioning the rest of the doctrine, this fact remains: That, according to this theory, the best people would be the worst, and *vice versa*. We "repress" what we will not have in the conscious mind; it goes into the subconscious. Good! The purest minded man or woman, then — according to this doctrine — is not the one who has the purest conscious mind; but the purest subconscious mind — that is, one who has let out all the "bad" it contains, and retained more! So that, the more vilely we act, the more foul-mouthed we are, the purer we are as a matter of fact. What a delightful doctrine! Does it not occur to the Freudians that we are only *responsible* for the content of our *conscious* minds; and the more we repress, the purer the mind? Unless we bring the contents of the subconscious mind to the light and gloat over it, as the Freudians do, we should never know that we had one — most of us. Yet, according to them, this is the man — this muck heap — this is the real man!

In discussing Zola's novels once with a clever and clear-sighted woman, she made the remark to me that she could not help comparing Zola's novels to the contents of a dirty clothes-basket. True, the scenes he depicts probably exist — they are "facts." So are dirty clothes! But there is no reason why we should pull them all out of the basket, and brood and gloat over them, saying, "See, these are real

facts; here are the realities of life!” We prefer (most of us) to think of other, pleasanter things, which are also realities.

It is the same with the Freudian psychology, and the soiled clothes of the subconscious mind. In some cases — in a few isolated instances, probably, the clothes may get so dirty that they call aloud to be washed. But in the majority of cases, the advice of the frog doorkeeper to *Alice* is quite sound enough — “You let *it* alone, and it’ll let you alone!”

To attempt to account for the supernormal phenomena of psychical research by means of Freudian analysis is, of course, sheer nonsense.

STAMMERING AS A PSYCHONEUROSIS¹

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INVESTIGATIONS of the last few years have shown that the anxiety neuroses may manifest themselves in the most manifold forms. Most fruitful of results have been the recent applications of the psychoanalytic method to the treatment of stammering and the demonstration that the psychogenesis of this disorder is one of the protean forms of an anxiety neurosis or anxiety-hysteria, and not merely a tic, an obsession, an auditory amnesia or a spastic neurosis of muscular co-ordination originating in childhood on a strong hereditary basis. All who have observed and treated cases of stammering have been impressed by two significant facts, namely:— that in the large majority of cases the child did not begin to stammer until it had been talking freely and normally for several years, and secondly, that the individual stammers only in specific situations or in the presence of certain individuals and then solely as the result of definite emotional reactions. For the most part, the motivating mechanism which causes the stammering is unknown to the sufferer, that is, it is unconscious, the only conscious reaction being that of anxiety and fear. In fact, the fear in stammerers, as in all cases of anxiety neurosis, at the beginning of the disorder, is merely a protective mechanism to prevent betrayal through speech, and consequently is a protector from the attacks of anxiety. What then is the cause of this disturbance of speech, which, more than any other form of an anxiety neurosis, unfits the sufferer from carrying out the duties of life and renders him more or less unsocial, if not actually anti-social? How and why does the stammering arise out of the normal co-ordinative speech mechanism?

The few cases of stammering reported as having been investigated and treated by the psychoanalytic method have led to the belief that the disturbing mechanism is mental and not physical, or in other words, it is more than

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a mere inco-ordination of the muscular apparatus of speech. It is a significant fact that all stammerers show a dread of speaking with a feeling of inhibition only in certain situations, and that these psychic accompaniments of stammering can be temporarily removed through hypnosis, or the disturbing unconscious mental mechanism itself relieved through psychoanalysis. Heredity, neurotic disposition and wilful imitation have in the past been too largely incriminated as the causes of stammering. In fact, we are dealing with a form of morbid anxiety due to unconscious emotional complexes and manifesting themselves in speech, and therefore, paradoxical as it may seem, stammering is not primarily a defect of speech. The proper treatment of stammering, therefore, is purely psychological, for it is useless to teach the sufferer *how* to speak, because under certain circumstances, the stammerer experiences no difficulty in speaking. The proper method is to remove the deeply rooted anxiety or dread from the unconscious, and this can only be accomplished through psychoanalysis. Therefore, all stammering is a central disturbance and not a peripheral disorder of expression.

Heredity enters to a certain extent into many cases of stammering, in fact, my material shows a history of stammering in some member of the family in about fifty per cent of the cases. In one family, out of thirteen cases in which data could be obtained, there were five stammerers. Yet, in spite of the strong familial history of speech disorders in stammering, I am very skeptical concerning the absolute effect of heredity in causing the disorder, because all carefully analyzed cases have shown that the speech defect arose in childhood as a type of morbid anxiety. I am also very skeptical concerning the part played by imitation in the etiology of stammering, because if this were so, all the children of a stammering father and mother would stammer. That this is not the case can be shown through carefully constructed genealogical trees, and furthermore, cases in which imitation has been incriminated, will, on careful analysis, reveal entirely different factors. That many children develop an anxiety neurosis which betrays itself in speech on the basis of a functional inadequacy has been

shown through some of my material. This functional inadequacy, which lays upon the organs of speech an undue emotional stress due to an effort at compensation or concealment, makes the condition very difficult to cure or even ameliorate through psychoanalysis. We may thus apply Adler's conception, and state that in some cases the stammering neurosis is built out of an inadequate function of speech, because the mechanism of speech cannot completely conceal the repressed secret and thus there arises a constant fear of betrayal through words. This theory of functional inadequacy finds abundant confirmation in the analyses of stammerers. The stammerer attempts to fortify his defective speech organs, because he lays upon these organs undue emotional stress in the effort to conceal and to prevent betrayal, and thus arises the conflict between defective speech and the situations under which defective speech is most apt to occur, thus developing into morbid anxiety and fear. In those cases in which this inadequacy could be demonstrated, cure becomes especially difficult, because a continuously recurring uncertainty of speech acts as a constant resistance, and thus all attempts at adjustment and compensation are defeated through this resistance. It is of interest, also, that in many cases of spastic aphonia, which clinically is a form of an anxiety neurosis, the heredity is less marked (only about fourteen per cent), and the functional inadequacy less pronounced. Because of the slight form of this latter, such cases yield more readily to treatment than genuine stammering.

The attempt to repress from consciousness into the unconscious certain trends of thought or emotions, usually of a sexual nature, is the chief mechanism in stammering. Thus the repressed thought, because of fear of betrayal, comes into conflict with the wish to speak and not to betray. Hence, the hesitation in speech arises, and as the repressed thoughts gradually are forced into the unconscious, there finally develops the defective speech automatism, either stammering or a spastic aphonia. This arises in childhood after the child has learned to speak, and the original speech defect itself may sometimes be manifested in adult life in the form of a persistence of infantile speech, as in one of my

patients, who constantly inserted a *G* or *K* before words beginning with a vowel, because in her childhood she had done the same thing for fear of betrayal, or as she expressed it, in order to "gain time." In another case, speech was interrupted by sucking movements of the mouth and a copious flow of saliva, because in childhood, the subject persistently attempted thumb sucking, an act which was the source of great pleasure (libido), and when finally, the actual thumb sucking was forbidden, the lip movements continued because they alone offered the same amount of pleasure. In adult life, too, the dreams of stammerers are interesting, either dreams of inadequacy with efforts at compensation (not getting there, missing trains, etc.) or typical wish fulfilments, such as talking freely in company or addressing an assembly like an orator. If they actually stammer in a dream, this stammering will be found to be a form of resistance, a kind of a reversion to the infantile, when the speech defect was utilized to gain time in order to hide something pleasurable. Thus, the fear in stammering is a deflection of the repressed sexual impulse or wish.

The hesitation of stammerers on certain words or letters is due to disturbing complexes. The stammering does not cause the inhibition, it is the inhibition which is at the bottom of the stammering. Every stammerer should have a psychoanalysis, it teaches the sufferer his disturbing complexes, that is, what to avoid and what not to avoid, how to master certain situations and not to be mastered by them, and thus to fully appreciate and know his various paradoxical, phonetic and mental reactions. The phonetic or physiological treatment attacks only inadequately the physical aspects of the disorder, it leaves untouched the mental cause.

My work on the association tests in cases of stammering shows that we are dealing with a form of morbid anxiety due to unconscious emotional complexes, because, as each complex is struck in the test, the typical reaction of the complex indicator follows. Many of the associations of stammerers are very egocentric, referring to their fears or their phobias in certain situations and these complexes, as well as those relating to actual repressed thoughts, lead either to no result at all or to a marked lengthening of the

reaction time. Appelt states, "The act of repression, though a normal psychic process, can, owing to the predominance of the unconscious, easily meet with ill success, inasmuch as the repressed impulses continue to exist in the unconscious and are liable to send a disguised substitute into consciousness, stammering or any other neurotic symptom. When treating stammering, for example, it can invariably be found that the emotion (dread of speaking) connected with the infliction is due to stimuli, which are contained in the repressing of the unconscious only, and he who undertakes to free stammerers of those tantalizing emotions must needs know how to analyze their "unconscious."

Two types of stimuli lead to stammering, either internal conflicts, or external instigators which throw these conflicts into activity. The internal conflicts are either conscious or unconscious fear of betrayal (and therefore a wish to retain a secret), and this mental attitude leads to the dread of speaking, a genuine conversion of morbid anxiety into defective speech. Thus the phobia of speaking has the same psychogenesis as other phobias from morbid anxiety. The external stimuli act like dream instigators, for instance, the dread of speaking to relatives or to intimate friends may be based upon the fear that the unconscious wishes may be discovered and this stimulates the unconscious anxiety, whereas with strangers, speech is free, because the dread of discovery is absent. Steckel truly states, "An unconscious complex crowds or presses between the syllable and the word. It is inner resistances which inhibit the free flow of speech and not false articulation, failure of respiration or defective vocalization."

In order to understand the psychogenesis of stammering, we must analyze its simplest elements, much in the same way that we can only comprehend the composition of a complex chemical compound by an analysis of its elements. By this is meant, under what conditions do normal, free-speaking subjects stutter? And, in those individuals who hesitate only on certain letters, producing stuttering or temporary or spastic aphonia, what are the disturbing complexes at work? Thus, by reducing the complex disturbance to its simplest constituents, we may perhaps throw light

on the disorder. To interpret temporary stammering in a normal individual as a phonetic difficulty fails as signally as explaining a slip of the tongue as a phonetic difficulty. Slips of the tongue are manifestations of a suppressed thought which obtrudes itself in speech, like repressive forgetting. Both are purposeful and not accidental. So it is in stammerers, particularly if through a searching psychoanalysis we can in childhood often reveal such a disturbing mechanism, relating at first to a word with a certain initial letter referring to some emotional episode and gradually spreading to indifferent words, but beginning with the same initial letter. These initial letters act as complex disturbers, the same as the complex indicators in the association tests, which often lead to stammering after the complex has been struck. All stammering, with its hesitation, its fear, its disturbing emotions, is a kind of an association test in everyday life, and not a phonetic disturbance. It is a situation phobia, the same as phobias of open or closed places. Thus the beginning of stammering in early childhood is not a phonetic difficulty, but is caused by the action of unconscious repressed thoughts upon the speech mechanism, the repressed thought obtruding itself in speech. Sometimes, as in one of my cases, sexual phantasies may lay the foundation for these forbidden thoughts, and thus the fear of betraying these forbidden sexual thoughts may cause the stammering. The phantasies thus being pleasurable, the developed stammering is used as an excuse for remaining alone for further pleasurable phantasies, and not because of the embarrassment caused by the defective speech. As a result of this mental reaction, a situation phobia develops. Thus the stammering may arise as a defense or compensation mechanism to keep from consciousness certain painful memories and undesirable thoughts, so that they may not be betrayed in speech. For instance, in one of my cases, who had the most difficulty with *A* and with hard *C* or *K*, the psychoanalysis revealed that at a very early age, about six, there was an attempt at sexual relations with a cousin of the same age, whose name began with *A*. He was very secretive about this episode and during the day was constantly on the alert concerning his speech for fear of be-

trayal, because from something he had overheard, he knew that his mother was watching him for certain sexual errors (masturbation). When he thought of the episode during the day, he would have trouble in speaking, his voice would "catch" on words, he would "watch" his thoughts, so that he might not say anything which might be misconstrued, and so betray himself. He was particularly desirous of concealing the words "A" and "cousin." B, likewise, was difficult, because at the episode, his cousin crawled into bed. After the situation was cleared up by the analysis, the difficulties with A, hard C or K and B disappeared. In another case, the difficulty with letter M disappeared after I had thoroughly succeeded in awaking certain memories of a sexual nature at four years of age. A similar psychogenesis could be traced in Dattner's case, where the substitution of certain particles denoting gender reminded the subject of an early sexual misdeed and the effort to pronounce, and at the same time to conceal these, caused his stammering.

The types of repressed complexes in childhood which may produce stammering may be summarized as follows:¹

1. Repression of sexual acts or secrets and the fear of betrayal.

2. Typical Œdipus-complexes, with a fear of betrayal of the hate for the father, and a consequent embarrassment of speech in his presence.

3. Masochistic phantasies, wondering and imitating how it would sound to talk with the tongue cut out.

4. The fear of pronouncing or saying certain sexual and, therefore, tabooed words, and thus betray what the child thinks, his hidden thoughts. Thus there is a strong relation between taboo and psychoneurotic symptoms. The stammering may then arise as a wish to say or think certain tabooed words and the wish encounters a prohibition from within. These words may relate to certain anal, urinary or sexual functions which are recognized by the child as unclean, and thus forbidden to pronounce. In these cases the stammering is a speech taboo, which arises because of strong obsessive or compulsive tendencies to think or

¹In this and other portions of the paper I quote from my own clinical material.

speak certain tabooed words or to find a substitute for them. In confirmation of this, Sperber has shown that many primitive speech sounds were used for sexual activities and that, therefore, the different aspects of sexuality must be recognized as the main source from which speech developed.

5. As a manifestation of anal eroticism, that is, holding the fæces so that he could talk while trying to conceal the act, thus putting forth all the energies to contract the abdominal muscles and sphincters. Talking at these times would be difficult, because talking would take away the muscular tension for withholding the fæces. In one case, where this mechanism actually occurred, he would talk in a "strange, whispering kind of voice," stumble over the letters and fearing that he would betray himself by soiling his clothes.

The attacks of anxiety in stammerers have the usual physical accompaniments of morbid anxiety (sweating, trembling, palpitation of the heart), to which are added frequently tics of the facial and respiratory muscles, and sometimes after prolonged efforts at talking, an almost myasthenic reaction of the facial muscles takes place. In stammering, as in the anxiety states, the difficulty of speaking and the angst are definite situation phobias — that is the stammerer can talk well when alone, but experiences the greatest difficulty in certain situations or before certain individuals. An analysis of the difficulty in speaking in a certain situation or before a certain individual will frequently remove the dread of talking under these circumstances by definitely eliminating the anxiety or bringing about an appreciation, and therefore a conquest of the difficulty. For instance, in one stammerer, after many of the complexes had been cleared up through analysis, it was found that the subject had great difficulty in talking to an older woman, and a further analysis of the situation demonstrated that the difficulty arose because the woman resembled his mother. Since in this subject there had been a concealed Œdipus trend persisting to adult life, the clearing up of this situation at the same time removed the difficulty in talking with this particular woman.

The dreams of stammerers are interesting because

these dreams reveal their wishes to talk freely, their resistances and transferences and, also, their reversion to childhood when the stammering arose as an embarrassment complex or as a gainer of time to conceal their sexual thoughts or libido. In fact the difficulty in curing stammering is due to the strong disinclination (or resistance) which the stammerer has to giving up his childhood pleasure of libido, because it is a pleasure which at one time he thought he had successfully concealed and still wishes to conceal and enjoy in his adult life. Thus the reversion to the infantile is not only a sign of the resistant stammering, but as I have previously pointed out, it may show itself in childhood speech, in dreams and in symptomatic actions. The stammering is used as a social asset, because by it, the stammerer gained time and thus offset betrayal of his thoughts. It is not a defect of phonation or speech, but a form of an anxiety neurosis, which manifests itself through an inco-ordination of the speech mechanism.

Examples of the wish and reversion dreams of stammerers and of dreams revealing the complexes, as follows. (These dreams are taken from different cases.)

1. *Dream.* "He was in a department store and seemed to go to a toilet room and partially disrobed and sat down upon the seat. After he sat down, he looked up and saw that the door of the toilet had a glass window through which he could see a number of girls at their work. He was not embarrassed, however, when he found that the girls paid no attention to him."

This is a typical anal erotic dream, in fact the same dream through which I was able to trace the cause of the stammering in childhood, earlier in the course of this paper, as arising from an anal eroticism. This dream also is a resistance dream, since it represents a wish to continue the pleasure of the anal eroticism in adult life through the stammering. In this patient also, the resistance is shown by a number of dreams in which (in the dream) he stammered badly while talking. The conflict in this patient however, the wish to talk freely, is seen in the following transference dream. "He was buying a talking machine,

did not stammer, and the salesman said, at the end of the demonstration, 'Now we shall put on a stuttering song.' "

2. Typical anxiety dreams or dreams of inadequacy, such as being in a train, losing money, sensations of breathlessness in going up and down a rapidly moving elevator.

3. Typical dreams showing family conflicts, and the Œdipus-complex, for instance — "I was in a barroom and the barkeeper was angry at me for something or another. I thought he wanted to fight and I picked up a large bottle and threatened to hit him with it. Then we started to fight, and I found that I was fighting my father."

In another case, the Œdipus-complex was shown in the following dreams. In the first dream, he seemed to speak to some one who was at the same time his mother or wife, and the next night dreamed that his father had been killed at a railroad crossing by an express train. Now in these and other cases the Œdipus-complex could be traced to childhood phantasies, and these phantasies bore a strong relationship to the origin of the stammering, namely, the concealment of the hate of the father and the incestuous love for the mother, with a fear of betraying these in speech.

4. Sometimes the resistance to treatment, and, therefore, the resistance dreams are very strong, as in the following dream of a young woman. This patient I found great difficulty in handling. In one dream she seemed to say to me that "she had two dreams last night which she could not remember." In another dream she came to my office, and I remarked that she was improving. She replied, "I am not," and I said, "I insist you are," whereupon she became very angry and threw a bottle of ink at me. As showing the relation of resistance dreams to rapidity of improvement, unconscious resistance or easy transference, I might relate a dream in which a patient talked freely and advised another stammering friend to consult a psychoanalyst if he wanted to get well. This patient responded quickly to treatment, the lack of resistance being shown by the dreams. Another type of dream shows the functional inadequacy of the stammerer and the wish to overcome this inadequacy.

Thus the dreams not only furnish the unconscious

pathogenic material for the origin of the stammering, but likewise reveal the various resistances and transferences of the stammerer, his difficult complexes and the tendencies to childhood reversions.

Symptomatic reactions during the analysis are of interest, for instance, all stammerers talk worse when complex is struck in the dream analysis, or in the free associations. In the association tests likewise, there are the typical lengthened reaction times to complex-indicators. For instance, in the free associations of one case, causeless laughter and protruding of the tongue recurred when there was uncovered a childhood masochistic phantasy of cutting out the tongue. In another case, a very severe stammerer, who could scarcely talk, showed perfect smoothness of talking and a symptomatic speech emphasis when referring to an early incest phantasy concerning his sister.

The unconscious anxiety which leads to stammering is seen in the occasional history of nightmares before the difficulties in speech begin. As in all psychoanalyses, particularly, as I have previously pointed out, in homosexuality, there is either no change or a marked change in the character of the dreams, thus demonstrating whether or not the subject is improving and how much resistance is present.

Stammering is therefore a form of anxiety neurosis or hysteria, and the removal of the dread of speaking can only be accomplished through psychoanalysis. The cure of stammering can be attained only through an exploration of the unconscious, a complete breaking down of resistances, and of the tendency to stick to the infantile effort at concealment with its consequent embarrassment.

A completely satisfactory theory of stammering must explain the abnormal mental reactions, conscious or unconscious of the stammerer, as well as the various paradoxical disturbances of speech. The various modern theories of stammering, such as transient auditory amnesia, spastic neurosis of speech, localized motor obsessional neurosis, or as a form of hereditary tic, leave much to be desired. The only adequate explanation of stammering, an explanation which stands the etiological and therapeutic test, is the

psychogenetic one, namely, that we are dealing with a form of anxiety-neurosis or anxiety hysteria which manifests itself mentally as morbid anxiety and a consequent dread of speaking, and physically, as the usual somatic accompaniment of morbid anxiety with the added mental tic of the motor speech mechanism. In the mental state of the stammerer, various sexual manifestations of true etiological importance can be demonstrated and removed through psychoanalysis.

Sometimes, too, the morbid anxiety assumes the form of occasional mere inability to pronounce a word, or temporary complete and spastic aphonia. This, as in the true stammerer, usually occurs under certain emotional stress, for instance, the inability to talk before strangers or to answer a question quickly. Parallel with the temporary aphonia, there are the typical somatic symptoms of morbid anxiety with a strong tendency to morbid blushing. These cases likewise have a sexual psychogenesis in childhood, usually masturbation and the wish to conceal it or perhaps thinking that the tone of voice might betray them, leads to a temporary embarrassment and a consequent hesitation or temporary absence of speech—in fact, like stammering, it is a typical emotional reaction.

The psychoanalytic treatment of stammering must be directed along the lines of breaking down the resistances which lead to constant reversions and stickings to the infantile libido with its tendency to conceal itself, to an analysis of the various components which lead to a dread of speaking in certain situations and before certain individuals and to a sublimation of the effort to conceal the libido in the unconscious for the pleasure desired. Phonetic training can accomplish little, or at the most temporary results in a stammerer, unless we know his complexes, conscious and unconscious and his various dreads and situation phobias.

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DISCUSSION

*American Psychopathological Association (Continued)*¹

DR. PUTNAM, Boston: I have not had much experience in this field, but in the two or three cases that I have carefully examined I have not found that the patients stammered always on the same letters. Some letters and combinations are more inherently difficult than others, and this fact undoubtedly played its part.

DR. WALTER B. SWIFT, Boston: I should like to ask Dr. Coriat how he knows that stammering begins by "concealing something."

He who places stuttering alone on the present mental plane as an anxiety neurosis falls far short of the etiological background. One might ask what causes the anxiety.

The first step in making a stutterer is a personality retraction caused by a psychic trauma. This retraction results in a change of stand toward a world outside. A difficulty in initiative may be better words to express it. Then we have the condition just mentioned by Dr. Putnam and as just illustrated by Dr. Williams where something important is to be said or something that counts. In other words, when an attempt is made to take a personality stand as a community member then the retracted personality cannot function normally and stutter results. I should like to ask how many cases Dr. Coriat has had and psychoanalyzed. I am glad he claims no cures. Relapses are so frequent that one has to

¹See last number of the JOURNAL, page 356.

wait about ten years to be sure of any cure. I fail to see how his paper is any "answer" to mine, as he said it was to be.

I have seen several cases apparently cured as Dr. Putnam has just mentioned, by tricks. It is not the trick or a matter of suggestion in the sense Dr. Williams mentions it that does the cure. It is by a simultaneous rebuilding of the personality from which results the improved externalization in speech we call cure; not at all through these little external methods themselves.

DR. CORIAT, Boston: I think Dr. Putnam must have misunderstood a certain portion of my paper. I do not claim all subjects stammer on the same letter. I said I had had some that did. The difficulty with the specific letter was cleared up when the resistance to a certain situation was removed through psychoanalysis. I also admit that a functional individual inadequacy, in a sense, is a basis of much severe stammering; it certainly has a profound effect upon the personality. A congenital alexia is an entirely different thing from stammering. The auditory amnesia theory I cannot agree with. I have questioned a great many stammerers on this auditory amnesia and found it lacking in every case.

I doubt very much if any case of stammering is ever completely cured. The stammerer is apparently cured, but is liable to relapse and liable to stammer again to a certain extent in certain situations or before certain individuals.

Dr. Swift asks, "How do I know these individuals were concealing something?" I have had an opportunity of examining a number of stammerers and subjecting them to a complete psychoanalysis, studying all the paradoxical mental reactions and in nearly every case this concealment of some sexual secret of childhood came up. It is easy to establish a certain relationship between the speech embarrassment and the concealed sexuality.

REVIEWS

STAMMERING AND COGNATE DEFECTS OF SPEECH. C. S. Bluemel. New York, G. E. Stechert & Co., 1913. Two volumes. Vol. I, pp. vii + 365. Vol. II, pp. 391.

These two volumes discuss in an unusually detailed manner the causality and treatment of stammering and cognate defects of speech. The author states at the beginning that a completely satisfactory theory of the cause of stammering must explain, not only the various paradoxical phonetic disturbance of the speech disorders, but likewise the various abnormal mental reactions of the stammerer. In the first volume there is presented a theoretical discussion of the causality and psychology of stammering, while the second volume is devoted to a review and criticism of the various systems at present employed in treating stammering in Europe and America. The author states very pertinently, "Many of these systems are entirely devoid of merit; they have been recorded merely because they are the gold bricks that are daily sold to stammerers by an infamous fraternity of 'speech specialists.' These wretched systems, and indeed most elocutionary systems, must inevitably become obsolete with the advancement of the psychological investigation of stammering. But meanwhile progress is hampered by charlatans, who rob the stammerer and bring everybody and everything connected with the treatment or investigation of stammering into disrepute."

After several introductory chapters which deal principally with certain elementary principles of psychology and of the various types of aphasia, the author passes to the different theories of stammering and to his own theory, which is based upon the data derived from a *questionnaire* sent to various stammerers. He states that the chief difficulty in all stammering is with the vowel and not with the consonant, as the latter is usually produced to excess. Since the stammerer's difficulty is not one of phonation, because stammering persists in whispering when no phonation occurs, it is evident that the disturbance is an inability to produce the "vowel color," or "vowel quality." The chief difficulty in all stammering, therefore, according to the author's theory, is a transient auditory amnesia, the stammerer being unable to recall the sound-image of the vowel that he wishes to enunciate. The defect, therefore, in stammering, is not a prolongation of the initial consonant, but a delay in the appearance of the vowel due to this auditory amnesia, and this defect is

usually made worse by the secondary development of a fear of talking. He draws a parallel, rather far-fetched it appears to us, between stammering and sensory aphasia with word deafness. Therefore, from the subjective aspect, all stammering is caused by a failure of the auditory image of the vowel to rise in consciousness and the greater the auditory amnesia, the more marked will be the physical accompaniments of stammering. His inquiry, however, into the mental imagery of stammerers by a rather complete *questionnaire*, produced data at variance with his theory, in that in some stammerers auditory imagery was weak, in others it was quite strong.

He further elaborates his theory along the following lines. Pure stammering is due directly to auditory amnesia and uncomplicated by extraneous symptoms. The facial contortions of the stammerer and the physical efforts in talking are mere epiphenomena. In describing the mental status of the stammerer, he does not discuss the various sexual conflicts, repressions and autoerotic manifestations which have been demonstrated by psychoanalysis in a number of cases of stammering, and neither has he any sympathy with the theory of the modern psychoanalytic school which interprets stammering as a true anxiety hysteria developing in childhood. He believes that any rational treatment of stammering must be based upon a strengthening and intensification of the auditory imagery, and that hypnosis, auto-suggestion and psychoanalysis can do but little more than remove the secondary effects of stammering, such as apprehensive fear, anxiety, inhibition and auto-suggestion. The phonetic methods of treating stammering, such as practised by "speech specialists" and "stammering schools," are decried as absolutely pernicious, and if any benefit is derived, this benefit is only temporary. For instance, he communicated with one hundred ex-pupils of stammering schools, and after careful investigation found only two permanent cures. While temporary apparent cures are easy to accomplish, yet most stammerers soon relapse and go from one institution to another. These schools treat nothing but physical stammering, the complex mental state of the stammerer being left unchanged.

He believes, that while numerous cures have been reported through hypnosis, yet on the whole hypnotic treatment of stammering has not been successful, although he does not doubt, that after careful study of an individual case, and if both patient and physician possessed an intelligent comprehension of the speech disorder, then specific suggestions might prove effective. The psychoanalytic treatment of stammering is discussed in a

too brief manner, and it appears to us, without any knowledge of the recent important advances in the psychoanalysis of stammering as a pure psychoneurosis, arising from certain repressions during early childhood. On the whole, however, the volumes are comprehensive and interesting and give a wide review of the present status of stammering. A glossary and bibliography close the volumes.

I. H. CORIAT.

WHAT MEN LIVE BY: WORK, PLAY, LOVE, AND WORSHIP.
Richard C. Cabot, M.D. Boston and New York: Houghton Mifflin Company, 1914; pp. xxi, 341.

All normally intelligent men and women (including physicians), with a vital outlook wider than their own shoulders and deeper than their purses, value a man and his work rather more for the *personality* that underlies these than for any other of their fundamental qualities. Perhaps it is for this reason, in part, that this, the latest book of Richard Cabot, has an appeal at once broader and more recondite than his other publications. The irrepressible humanity of the man breaks through its every page and lends to the discussion a living interest characteristic of a thoughtful and fearless and wise physician to the entire threefold personality of the reader-patient. In the materialistic on-rush of our busy American life, too few such men pause to give us too few such books; it behooves those of us, therefore, who are more than scientific and therapeutic mechanisms to give heed a moment while we read books of this kind.

Of the four parts of this essay in the doctrine of the conduct of life, devoted respectively, as the sub-title implies, to work, play, love, and worship, the present reviewer finds the first and the third not perhaps the most important, but the most original and, therefore, it may be the best worth while.

Doctor Cabot was years ago almost a pioneer in the important promulgation of the theory of love, and surely there are few, if any, topics about which the great public of boys and girls and young men and women need information more sorely than about this; they need to be taught not only how not to love and be loved, but how to love, wisely and happily and never "too well." In the present awakening of effective interest in sexual sociology (already beginning to realize at once its dignity and its inherent force for good, although only a few years old), Cabot's frequent lectures and influence on love's relation to lust cannot fail to receive wide recognition. The present discussion of it is less technical

than some of his work, but has not a little persuasiveness, none the less, and shows much insight into man's motivity.

The recital of certain humanistic factors of the work-problem found in "What Men Live By," is a popular and yet substantial contribution to that great body of wisdom-of-life which the public educational system still disdains — to its continued disgrace. Every youth learns sooner or later of the delights of loving and being loved — not one in a thousand starts out his vocational life aware of a simple truth entirely certain to those who understand: — Of all life's satisfactions, none is greater in the long years' run than that arising in the well-adapted work of a healthy man or woman. The secret, of course, the key to this, the hardest riddle the average "toiler" has to laugh or sneer at, is in the words "well adapted," for few "workers" spend their unique lives in well-adapted work. Cabot's contribution to this long problem is condensed mostly in his "points of a good job," which are as follows: "1. Difficulty and crudeness enough to call out our latent powers of mastery; 2. Variety so balanced by monotony as to suit the individual's needs. 3. A boss. 4. A chance to achieve, to build something and to recognize what we have done. 5. A title and a place which is ours. 6. Connection with some institution, some firm, or some cause, which we can loyally serve. 7. Honorable and pleasant relation with our comrades in work. Fulfill these conditions and work is one of the best things in life." The nine pages devoted to a brief elaboration of these seven factors of an adequate life-vocation are of much economic significance, or would be could they be made as familiar as the multiplication table in the subconsciousness of every adolescent boy and girl. (There's certainly no reason why they should not be made so, save the inertia and the traditional thoughtlessness of the school-system.)

"The four essentials which I have been describing throughout this book," says the author, "are united, then, by their root. They are rooted in one deep fact which seems to be as fundamental in the natural as in the spiritual world. They all create something new out of an interchange which can be called give-and-take, initiative and response, adaptation to environment and by environment, or simply conversation. They all sprout symbols, like leaves, as soon as they grow up, and through these they draw their nourishment. This means that absolute faithfulness, in work, in play, or in love, brings us in contact with God whether we know it or not. Whatever we do 'for its own sake,' looking to no ulterior reward, we are treating in fact as a symbol of what-is-best-worth-while-in-the-world. Ultimately, if we think it through, this means what our forefathers meant by God." There's here a stimulating breeze

of wisdom, of transcendentalism, which we surely all should "live by," but which the very busyness of life commonly crowds down and out of most men's work-a-day hurried souls. Yet, they aspire; and suggestions help!

It were almost ungracious to say of such a book as this that its style, intended to be popular and attractive, is at times unduly redolent of something approaching the all-pervading and enticing medical-student slang; and that the discussion at times gives one an unrestful feeling of unarrangement and lack of consecutiveness. One hopes too that this famed Esculapian philosopher, who discusses sibilant rôles and tabetic crises with the same surpassing strength and interest as the Roycean relations of God and man, is not going to claim for work and play and love and worship the special particular therapeutic usefulness in any office or hospital case that is commonly ascribed to the methods of modern psychotherapy, whether Freudian or Anti-Freudian. We have heard him say that these four would do this work. When he has set forth the administration — technique, the precise formula (already "guaranteed," and more, under an act older than any written law), the range of dosage, and the incompatibilities, if any, then are we ready to be convinced that psychotherapy is needless. Meanwhile, we can admire the wisdom and the insight of a very suggestive book: "may it live long and prosper."

GEORGE V. N. DEARBORN.

Tufts Medical School.

A HANDBOOK OF PSYCHOLOGY AND MENTAL DISEASE. FOR USE IN TRAINING SCHOOLS FOR ATTENDANTS AND NURSES AND MEDICAL CLASSES, AND AS A READY REFERENCE FOR THE PRACTITIONER. *By C. B. Burr, M.D.* Fourth edition. F. A. Davis & Co., publisher, Philadelphia.

This manual of two hundred and twenty-six pages, by the well-known Michigan alienist, will prove a useful guide to those teaching nurses and attendants in hospitals for the insane. It contains a concise and valuable chapter on psychology. About one-half of the book is devoted to a description of various forms of mental diseases. This section contains a new chapter on symbolism in insanity. Then follows a chapter on the medical care of insanity which is very practical and helpful.

The last and perhaps the most valuable chapter is on the ever pertinent subject of nursing management of the insane. This matter is handled by a master and should be very helpful to those who engage in this trying work.

This little treatise, necessarily condensed, is of especial

value for use in training schools. For the medical student it will serve as an introduction to the larger and ampler treatises on mental disease that he will need if he wishes to master the subject.

EDWARD B. LANE.

Warren Chambers, Boston.

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